Medacs Health Care Plc

Medacs Homecare - Bristol

Inspection report

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Ratings

Overall rating for this service	**Requires Improvement**
Is the service safe?	**Good**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Overall summary

We undertook an inspection on the 17 June 2015 and called people who used the service and relatives the following day. The inspection was announced, which meant the provider knew we would be visiting. This is because we wanted to make sure the provider, or someone who could act on their behalf, would be available to support the inspection. When the service was last inspected in September 2013 there were no breaches of the legal requirements identified.

Medacs provides personal care to people living in their own homes in the Bristol and North Somerset area. At the time of our inspection the service was providing personal care and support to 198 people.

A registered manager was not in post at the time of inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are “registered

Summary of findings

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.

People's rights were not being upheld in line with the Mental Capacity Act 2005. This is a legal framework to protect people who are unable to make certain decisions themselves. There was a lack of documentation related to a service user's capacity to make decisions and how to support a service user when there was evidence that they lacked, or had variable capacity to make informed decisions.

Records showed that consent had been obtained by people or their representative regarding the support they received from the agency. In some cases consent forms were signed by their next of kin however, nothing had been recorded as to why this decision had been made, such as having the power of attorney over the person's care and welfare. Being a person's next of kin does not give them the automatic right to give consent on the person's behalf.

The provider did not notify CQC of all incidents that affect the health, safety and welfare of people who use the service as required. Notifications tell us about significant events that happen in the service. We use this information to monitor the service and to check how events have been handled.

Support plans were in place to guide staff in meeting people's needs. These were regularly reviewed to ensure they were current and amended when a person's needs changed.

Staff members did not consistently receive on-going or periodic supervisions in their role to ensure their competence level was maintained. However, staff received on-going training to enable them to carry out their roles. Staff spoke positively about the training they received and felt they were able to provide good care as a result of the training.

There were sufficient staff available to meet people's needs. Staff told us that staffing levels were sufficient and told us they had time to meet people's needs.

People told us they felt safe when staff visited them and provided their care. A range of checks were carried out on staff to confirm they were suitable for the work. The recruitment process was thorough to ensure people were protected.

Staff knew the people they cared for well and met people's assessed needs when they visited. One relative commented that the staff were knowledgeable and told us; "They're very knowledgeable, our two regulars are absolutely brilliant." People told us that staff were caring and their privacy and dignity was respected and they had a positive relationship with the staff. One person commented, "I feel protected. They are always careful to keep me covered up."

People were supported to see healthcare professionals when required and records showed that staff responded promptly to peoples changing needs. The service had appropriate systems that ensured referrals to healthcare professionals were made.

There were arrangements in place for obtaining people's feedback about the service. People who had raised concerns felt they had been listened to and thought the manager was approachable. One person commented, "I wanted some changes to be made so I wrote a letter. They responded immediately and things changed to how I wanted them."

Since the appointment of the new manager staff told us they felt supported and were kept up to date with any developments.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and one breach of the CQC (Registration) Regulations 2009. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. People felt safe using the service and spoke highly of the staff who supported them.

There were sufficient numbers of staff to meet people's needs and appropriate recruitment procedures were completed.

Risks to people were assessed. This helped to ensure people were safe when receiving care from the staff.

Staff had training in safeguarding adults and felt confident in identifying and reporting signs of suspected abuse.

Is the service effective?

Requires Improvement

The service was not always effective.

Some people reported visits that had been missed or were late.

Staff were not consistently supported through an effective supervision programme.

People's rights were not being upheld in accordance with the Mental Capacity Act 2005.

Staff worked with other healthcare professionals when required to.

Is the service caring?

Good

The service was caring.

People reported that staff treated them with kindness, dignity and respect.

People were given opportunity to express their views about the care they received.

Is the service responsive?

Good

The service was responsive.

There was a complaints procedure in place. Formal complaints were responded to with openness and transparency.

People reported that their needs were met. Support plans were reviewed regularly to ensure they were up to date.

Is the service well-led?

Requires Improvement

The service was not well-led.

Notifications required by law had not been sent to the Commission as required.

Summary of findings

Systems were not being operated effectively to assess and monitor the quality and safety of the service provided.

Since the appointment of the new manager the overall feedback has been positive.

Medacs Homecare - Bristol

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.

The inspection took place on 17 and 18 June 2015 and was announced. The provider was given short notice because the location provides a domiciliary care service and we needed to be sure senior staff would be available in the office to assist with the inspection. The last inspection of this service was in September 2013 and we had not identified any breaches of the legal requirements at that time.

This inspection was carried out by one inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed the information we held about the service. The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

On the day of the inspection and the following day we spoke with ten people and the relatives of seven other people who received care from the service. We also spoke with eight members of staff which included the manager and operations manager.

We looked at five people's care and support records. We also looked at records relating to the management of the service such as the daily records, policies, accident records, complaints, surveys, recruitment and training records.

Good

Is the service safe?

Our findings

The provider had inadequate arrangements in place for reviewing incidents and accidents. In order to mitigate future safety risks for the individual accident reports were recorded on the person's file. They identified the action the service had taken to remedy the situation to prevent further occurrences and make sure improvements were made as a result. The service did not audit all incidents to identify any particular trends or lessons to be learnt. The systems in place for monitoring safety were not fully effective.

People told us they felt safe with the care staff that attended to them. Comments included, "I feel very secure. There is one carer that I'm really fond of as she's so perceptive, she knows me well. She knows by my tone or my face if I'm not ok" and "My x has two carers always because of the hoist. They are very careful with her as there's lots of movement throughout the day such as getting her in and out of bed."

The provider had completed an assessment of people's needs and identified risks were managed. Action had been taken to reduce the risk of people being harmed when receiving care. Records showed that hazards and the risk of harm had been discussed with them and assessed, such as being unable to stand or weight bear. Where a risk had been identified, it was highlighted in the person's care records so all staff were aware of the risk and what to do to ensure the person's safety.

There were sufficient numbers of suitably qualified staff to ensure that people's needs were met. We spoke with staff who were responsible for rotas. We were told that at the present time, staffing levels were balanced with the care hours provided so that all visits were able to be covered. At times of unexpectedly high levels of staff absence, they would call existing staff to provide care. Failing this, we were told that senior staff would be available to cover visits. Staff we spoke with felt staffing levels were adequate to meet people's needs. One person commented; "There are never really any problems. If someone is off sick adequate cover is provided."

Safe recruitment procedures ensured all pre-employment requirements were completed before new staff were appointed. Staff files contained initial application forms that showed previous employment history, together with employment or character references. Proof of the staff member's identity and address had been obtained and an enhanced Disclosure and Barring Service (DBS) check had been completed. The DBS check ensures that people barred from working with certain groups such as vulnerable adults would be identified.

Staff had an understanding of abuse and knew the correct action to take if they were concerned about a person being at risk. Staff had received training in safeguarding adults and there was a written procedure to follow. One staff member told us the training had made them feel confident about knowing what to do. They explained an incident where they thought a person was being abused by a person close to them regarding their finances. This was reported and taken forward by the person's social worker.

Staff understood the term "whistleblowing". This is a process for staff to raise concerns about potential poor practice in the workplace. The provider had a policy in place to support people who wished to raise concerns in this way.

The provider told us that staff did not administer medicines to people, although would prompt people to take their own medicines. This form of support was recorded in people's care records.

Requires Improvement

Is the service effective?

Our findings

People's rights were not being upheld in line with the Mental Capacity Act 2005. This is a legal framework to protect people who are unable to make certain decisions themselves. There was a lack of documentation related to a service user's capacity to make decisions and how to support a service user when there was evidence that they lacked, or had variable capacity to make informed decisions. Not all staff received training to help them understand their obligations under the Mental Capacity Act 2005 and how it had an impact on their work. The training officer told us that mental capacity training will be included in the new care certificate programme.

Mental capacity assessments were not conducted on specific issues such as the provision of personal care. Where people were unable to make decisions the person's representative and health professionals were not consistently involved in best interest meetings. Involving the person's representative would enable the service to take into account the person's wishes, feelings, beliefs and values.

Records showed that consent had been obtained by people or their representative regarding the support they received from the agency. In some cases consent forms were signed by their next of kin however, nothing had been recorded as to why this decision had been made, such as having the power of attorney over the person's care and welfare. Being a person's next of kin does not give them the automatic right to give consent on the person's behalf.

This was in breach Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff members did not consistently receive on-going or periodic supervisions in their role to ensure their competence level was maintained. Staff told us they had not attended regular supervision meetings. This position was reflected in the staff records. The supervision policy states that it provides "the opportunity to discuss and evaluate the performance of the care worker every three months". The lack of supervision meant that staff did not have effective support on an on-going basis and training needs may not have been acted upon. The new manager advised that regular supervisions were beginning to be re-introduced for staff members. Viewed records confirmed that some staff members had received recent supervisions and demonstrated that improvements were being implemented.

Staff received training to enable them to carry out their roles. Staff spoke positively about the training they received and felt they were able to provide good care as a result of the training. Records showed staff had received regular training in a variety of relevant topics such as moving and handling, health and safety, safeguarding adults and infection control. Plans were in place for the implementation of new induction training in line with the Care Certificate guidelines. These are recognised training and care standards expected of care staff.

The majority of people we spoke with had confidence that care staff would arrive. Some people we spoke with had experienced visits that were late or missed. The impact of visits running late varied for people; some were not concerned, however other people found it difficult when staff did not arrive on time. Comments included "I know they'll come but they can be 15 minutes late. Once they came at 11am, it was far too late for my breakfast" and "One night, they didn't arrive and I phoned the out-of-hours number, they didn't apologise, it's not good enough". In addition to this, people found that communication was inconsistent when visits were running late or the rota had changed. One person commented; "They're supposed to come at 8.30am. I've had no rota since last month. A woman came past 10am one day and I've never seen her before and there was no phone call." Another person said "Occasionally they're late, but they phone me."

The people we spoke with favoured the check-in and check-out telephone system introduced by the service. This, along with the written record in the house assured session lengths were adhered to and turnaround times were reliably recorded. Many people commented that staff would always spend a few minutes longer with them if it was necessary. They never felt staff rushed to get away.

Records showed that staff liaised with other healthcare professionals when it was appropriate to do so. This helped to ensure that there was good communication and sharing of information about the person's care needs. In one person's file, we saw that there was information from the occupational therapist about a person's moving and handling needs and change of equipment. Staff were clearly guided to refer to this plan. Daily records also

Requires Improvement

Is the service effective?

indicated where referrals had been made to the person's GP and the resulting actions such as new prescription of antibiotics. One staff member commented that they ensured a person's commode and sling were replaced by making a referral to a health professional as they were no longer suitable for the person they cared for

People told us that their needs were being met and staff carried out the tasks expected of them. They felt staff were sufficiently skilled, well trained and competent. One person told us their care worker; "Is absolutely wonderful. I cannot fault them". Another person told us; "Those I have are well trained. They talk to me, always ask how I am."

Where requested, people received assistance with preparing food and drinks. One relative commented; "x always has a drink with his breakfast, coffee with lunch and they always make sure he has enough to drink at the other times." One person also commented "they always ask, sometimes I don't want to drink but they try and persuade me."

Good

Is the service caring?

Our findings

People spoke positively about the staff and told us they were caring. They told us the staff were skilled and knew what they were doing; one person said; "They're very good, absolutely wonderful, they have such patience." One person commented that staff had assisted with their relative's confidence, "She couldn't come downstairs on her own. They've helped to build her confidence. She has really progressed."

The feedback we received showed that good relationships had been established between staff and the people they provided care for. People mentioned qualities in the staff they particularly liked, such as staff members being "Very helpful, kind and caring" and making them feel at ease. A couple of people mentioned that they had a laugh and joke with their carer's and this was greatly valued. We were also told the staff understood the need to respect people's privacy and dignity. One person gave the example of staff providing personal care, "They put towels on the floor so I don't slip and wrap a big towel round me straight away. They are always careful to keep me covered up."

Assessments ensured staff promoted people's independence when supporting them. Within one person's record it showed that the person had requested that they would like to maintain their personal hygiene and remain living at home with the appropriate support. Instructions were provided in the care records regarding the provision of personal care and the specific tasks that should be undertaken by the care worker. This enabled the person to maintain control and make choices about their care. The person commented, "I shower by myself and they help me out and dry me and cream me."

People said they had been involved in deciding their care packages. People told us that the service communicated well with them. People's records contained personalised care information within them, for example how somebody liked their personal care given, what drinks and snacks they preferred or tasks they required the staff to complete prior to them leaving. People told us that care was delivered that met their needs and in line with their care preferences. One person commented; "When I'm at a review I ask questions and make changes. We make decisions together."

Staff were knowledgeable about people's needs and told us they always aimed to provide personal, individual care to people. Staff told us how people preferred to be cared for and demonstrated they understood the people they supported. They told us how they tend to support the same people which assisted them in developing a close relationship with people and allowed them to understand their needs.

People were given the opportunity to pass on their feedback in surveys that were sent out by the service. The manager told us that they also conducted a telephone survey with people on a quarterly basis to ensure they were happy with the service and to discuss any concerns. Examples of issues discussed in the viewed surveys included people's views on the staff and the care plan. People we spoke with felt listened to and felt confident to contact the service with any concerns.

Good

Is the service responsive?

Our findings

People told us the service was responsive to their needs. People said they saw the same staff, except at times of holiday or sickness. They appreciated this continuity and the consistency of care it provided. We saw that there were systems in place to ensure that staff were matched to the needs of the person they supported. One person told us they did not want a male carer and the service adhered to their request.

Before people commenced a care package with the agency, a full assessment of their needs was carried out. This included gathering full information about the person's needs and their views on the kind of support they wished to receive. This included details about their medication, an environmental risk assessment, moving and handling requirements, daily routine and various other risk assessments relating to the person's care.

Following this initial assessment, support plans were created to guide staff in providing the right support. These were reviewed regularly to ensure that they were current and updated when people's needs changed. People were positive about the care they received. We were told, "I don't know what I'd do without them. I can't praise them enough." and, "We have an understanding. They arrive and I'm in bed, they help me get up and shower and dress me. They ask what I want for breakfast. They're very respectful."

People spoke about the flexibility of the service and how staff took account of their changing circumstances. One person told us they had asked to receive an additional hours care and this request had been met. A relative commented, "When x came home from hospital we needed them 7 days a week. As x progressed this was cut down to 4 days. They were amenable and responded well to these changes."

Staff also felt the service was responsive to people's needs. Staff members commented, "Things are decided by the person. I ask people what they would like and if they require assistance. I encourage people to be independent but it's their choice." We were told by staff that although there were care tasks they had to complete with people, there was also the scope to ask people what else they needed at the time. Some people received support with activities outside their home and they talked to staff about the things they would like to do. One person had support visiting a day centre. A staff member commented that they took, "One person out for a walk as they do not go outside otherwise."

Records showed people's needs had been assessed. Plans had been produced which detailed the support to be provided by staff on each visit. Staff said the plans gave them the information they needed about people's care needs and their individual preferences. Some plans lacked details about the person's interests and background. To ensure that the plans are going to be more person-centred we were told these areas are going to be reviewed by the service. This would enhance staff understanding of the person and provide guidance on their personal interests in addition to their care preferences.

People told us they spoke with the service on occasions to discuss their needs and any required changes. One person commented, "We have a care plan review annually unless things change. The last time the daily visits went up to three. One person told us they had a folder in their house in which staff recorded what they had done during a visit. Staff confirmed they kept a daily records log which detailed the care they provided. They said it was also a means of recording any significant events which other staff and the manager would need to be aware of. This helped to ensure relevant information would be available when people's care was being reviewed. Records viewed highlighted changes in medication and notification that a GP visit had been arranged.

People we spoke with told us they would feel able to raise complaints when necessary. Comments included, "I would definitely raise a complaint if I had to. Medacs need to know. I would phone the office and see what they had to say. There's a complaint process in the record book." One person told us how they had complained about the service and as a result things had improved. "I needed a carer to come earlier on a Sunday for a period so I could attend the church service. This proved to be a problem originally but after some negotiation has been sorted out."

There were systems in place to respond to complaints and this was set out in a written policy. A record of complaints was kept. We saw that the concerns outlined in the complaints had been responded to comprehensively and with openness and transparency, with apologies made

Good

Is the service responsive?

where appropriate when the service had not performed as expected. One relative commented; “X had an incident with a new carer. It was a legitimate complaint. They sorted it out, no qualms.”

Requires Improvement

Is the service well-led?

Our findings

The provider did not notify CQC of all relevant incidents that affect the health, safety and welfare of people who use the service as required. The operations manager told us that they thought that incidents submitted to the Medacs central database resulted in the appropriate referrals being made on behalf of the Bristol branch. We identified one issue that should have resulted in a statutory notification. This was in relation to an incident where a person experienced a fall whilst the carer was at their home and had to go to hospital. Notifications tell us about significant events that happen in the service. We use this information to monitor the service and to check how events have been handled.

In 2013 we received eight notifications, two were received in 2014 and one had been received to date in 2015. We were told that this was probably due to the mis-understanding that they were processed by their head office and previous personnel not correctly processing the notifications.

The failure to send these notifications was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

There were systems in place to monitor the quality of the service provided by the agency. This included a system to check that calls to people were being made as scheduled. This allowed reports to be created, to see what percentage of calls had been completed within the allocated time. We viewed a report for the period 1 May – 31 May 2015 and this showed that 99.34% of scheduled visits had been made. 88.53% of visits were made within half an hour of the designated time and 77.32% within 15 minutes. Where a call had been missed, it was not clear from the data what the impact of this missed call was and whether it represented a risk to the person concerned. Therefore, on this particular area there wasn't clear and easily accessible information on which to inform better practice or make improvements to the service.

People knew who the manager and senior staff were and thought they were helpful and approachable. The senior staff communicated with people regularly to ensure the care provided met their needs. People were complimentary about the management of the service and the frequency of the contact they received from them. Comments included, "The manager is very helpful" and "They're always approachable, nothing more needed."

Staff spoke positively about the new manager. They had been given the resources they needed to do the job and they felt supported in their work. A member of staff told us, "It's a great improvement. When she arrived she had a meet and greet. She wants her team to work together. She will act on concerns, such as change of hours." The manager communicated with staff about the service to involve them in decisions and improvements that could be made; we found recent meeting minute's demonstrated evidence of good management and leadership of staff within the service. Agenda items identified action items which needed to be taken forward with immediate effect, such as the need to log in and out of the telephone computerised system when conducting visits. All care workers were told if they refused to carry out this area of responsibility appropriate action would be taken.

People were encouraged to provide feedback on their experience of the service. The service sent out a survey to obtain the views of people. A survey had been sent out to 209 people in February 2015 and the service received 87 responses. The results of the survey showed a high level of satisfaction with the service they receive from their carers. Comments received on the surveys included, "I am very pleased with all the help I receive from the carers" and "My regular care worker treats me with the upmost respect and is extremely caring." The main issue that transpired was that there was a breakdown in communication in letting people know when a carer was going to be late/not show up and also for the office staff getting back to people regarding issues/suggestions received. To ensure continuous improvement this issue is currently being reviewed to see where improvements may be made.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 11 HSCA (RA) Regulations 2014 Need for consent **Service did not act in accordance with the requirements of the Mental Capacity Act 2005 and associated code of practice.** **Regulation 11(1)**

Regulated activity	Regulation
Personal care	Regulation 18 CQC (Registration) Regulations 2009 Notification of other incidents **The provider did not notify CQC of all incidents that affect the health, safety and welfare of people who use the service as required.** **Regulation 18(1)**