

Medacs Healthcare PLC

Medacs Healthcare Old Trafford

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The inspection took place on 23 and 25 April 2018 and was announced.

Medacs Healthcare Old Trafford (Medacs) is a domiciliary care agency providing personal care to people in their own homes. It provides a service to adults and to children of all ages.

Medacs is also a provider for Trafford Council's Stabilise and Make Safe (SAMS) project which is a short term service. As part of the SAMS project, Medacs provide a three night service whereby care staff, who are trained on completing risk assessments, undertake an assessment of a persons' care needs. At the end of the three nights support and assessment they provide information to the council social work team about their assessment of the care the person requires.

On the date of our inspection the service was providing care and support to approximately 371 people in three local authority areas.

The service had a registered manager who was present during the inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

During the last inspection of Medacs Healthcare Old Trafford in March 2017 we found there were three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were in relation to; care plans not always meeting the needs of the people who used the service, the provider not doing all that was practicable to reduce the risks caused by missed visits to people who used the service and the provider not adequately assessing, monitoring and mitigating the risks to the health, safety and welfare of people because of the missed visits.

Following the last inspection of March 2017 we asked the provider to take action to make improvements. The provider sent us an action plan informing us that they had taken action to ensure the Regulations had been met. During this inspection we found the provider had complied with the previously breached Regulations.

Systems had been put into place to monitor and reduce the number of missed visits to people who used the service.

People's care records contained enough information to guide staff on the care and support required. The care records showed that risks to people's health and well-being had been identified and plans were in place to help reduce or eliminate the risk. Assessments were also undertaken around risks associated with general safety issues within people's homes.

We found that suitable arrangements were in place to help safeguard people from abuse. Guidance and training was provided for staff on identifying and responding to the signs and allegations of abuse.

We found people were supported by sufficient numbers of suitably skilled and experienced staff who received a thorough induction, were adequately supervised and were safely recruited.

People we spoke with told us the staff were kind and reliable and had the right attitude, skills and experience to meet their needs.

We saw that staff were taught to deliver non-discriminatory practice and cultural awareness to ensure that people's cultural and religious beliefs were respected.

Staff received the essential training and support necessary to enable them to do their job effectively and support people safely. Records showed that staff had also received training relevant to their role.

Records showed that reviews of people's care were undertaken regularly.

We found the medicine management system was safe. Records showed that staff received training and competency assessments before they were permitted to administer medicines.

We found that the service was working within the principles of the Mental Capacity Act (MCA) 2005 and that staff had a good understanding of the MCA.

People told us they knew how to make a complaint. Records we looked at showed there was a system in place for recording complaints and any action taken to remedy the concerns raised.

Effective systems for monitoring the quality of the service were in place. Records showed that audits were undertaken on all aspects of the running of the service. There were also opportunities for people who used the service to comment on the care and support provided.

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.

Systems had been put into place to monitor and reduce the number of missed visits to people who used the service.

We found that suitable arrangements were in place to help safeguard people from abuse.

People were supported by sufficient numbers of suitably skilled and experienced staff who were safely recruited.

Risks to people's health and well-being had been identified and assessments were undertaken around risks associated with general safety issues within people's homes.

Is the service effective?

Good ●

The service was effective.

There was a detailed induction training programme in place to help ensure the staff understood what was expected of them and what needed to be done to ensure the safety of the people.

Staff received the essential training and support necessary to enable them to do their job effectively and support people safely.

The service was working within the principles of the Mental Capacity Act (MCA) 2005 and staff had a good understanding of the MCA.

Is the service caring?

Good ●

The service was caring.

People spoke positively of the kindness and caring attitude of the staff.

Staff were taught to deliver non-discriminatory practice and cultural awareness to ensure that people's cultural and religious beliefs were respected.

The importance of ensuring the privacy and dignity of people was emphasised throughout the staff induction and training.

Is the service responsive?

Good 

The service was responsive.

The care records contained sufficient information to show how people were to be supported and cared for.

When people had identified specialist care needs staff worked alongside specialist healthcare professionals to ensure the person's care needs would be met.

There was a system in place for recording complaints and any action taken to remedy the concerns raised.

Is the service well-led?

Good 

The service was well-led.

The service had a manager who was registered with the Care Quality Commission.

Effective systems for monitoring the quality of the service were in place.

The service had up to date policies and procedures in place to guide staff on their conduct and their practice.

Medacs Healthcare Old Trafford

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 checked 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 was announced. In line with our methodology we gave short notice of the inspection visit. This was because we needed to be sure that the registered manager would be available at the office.

The inspection was undertaken by one adult social care inspector and one expert by experience who made telephone calls to people who used the service. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

The inspection site visit activity started on 23 April 2018 and ended on 25 April 2018; the day when telephone calls were made to people who used the service.

During the visit to the office on 23 April 2018 we looked at four care records, four medicine records, three staff recruitment and supervision files, training records, quality monitoring checks and other records necessary for the management of the service. We spoke with the regional operations manager, the registered manager and two care staff.

The expert by experience was able to speak on the telephone to eight people who used the service and to five relatives.

We sent six emails out to care staff asking for their views of the service. We received two replies.

Before the inspection we contacted two local authority commissioning teams who were responsible for

organising and commissioning the service on behalf of individuals and their families. This was to seek their views on how they felt the service operated. Their comments are documented in the Well led section of this report.

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

We also looked at the information we held about the service, including the last inspection report and notifications the provider had sent to us. A notification is information about important events which the provider is required to send us by law.

Is the service safe?

Our findings

During our telephone calls to people who used the service we asked people if they felt safe. Comments made included; "Safe mostly. They give me my tablets and fill the book in. My carer does my shopping and gives me change and receipts," "We feel safe. They come morning and lunch time. They help with medications which are in blister packs," "They are very trustworthy," "Safe yeah. They don't look at what they can pinch." Also, "Safe yes. My carers are great" and "I've been having the same carers for some time; morning and tea time and I trust them."

During the last inspection of March 2017 we found the provider was not doing all that was practicable to reduce the risks caused by 'missed visits' to people's homes. This was a breach of Regulation 12(1) and 12(2)(b) and Regulation 17(1) and (2)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection the provider sent us an action plan telling us what they were doing to ensure they were compliant with the Regulations. They told us they had implemented a form of electronic call monitoring that enabled them to track where and when the care staff arrive and leave a person's home. With this system each care worker is issued with a mobile phone that holds information about the care worker's rota and information about the person who used the service. We were told that information about the person who used the service should help to prepare and inform the care worker when delivering their care.

In addition to the electronic call monitoring system, the provider had implemented a system whereby 70% of the visits were being undertaken by the same staff each week. We were told this should reduce the number of missed calls and also help to provide continuity of care for people who use the service.

A further improvement was the introduction of monthly reviews by the Quality Officer and the National Quality Manager, of any missed calls. This was to enable them to pick up on any trends such as; has a care worker too many visits to complete or have they had too many changes to their rota, resulting in some visits being missed?

The registered manager told us, and the records we looked at showed, there had been a major reduction in the number of missed or late visits since the start of the new systems that were in place.

A discussion with the registered manager, the care staff and the people who used the service showed that overall sufficient numbers of staff were employed to ensure people received the support they required.

People we spoke with told us the staff were reliable. Comments made included; "My carers are great they are always on time, definitely" and "There's enough staff. I have been with them for two years and they're consistent now. They've never left me out" also "The office ring and let me know if there's any changes. They can be late or early, half an hour either way" and "They are consistent but occasionally they slip half an hour give or take but they always they let me know."

One comment made was; "I don't think they always have enough staff on at weekends because sometimes on a Saturday and Sunday they come later than usual but that's OK."

We saw that policies and procedures for safeguarding people from harm were in place. They provided staff with guidance on identifying and responding to signs and allegations of abuse. The training records we looked at showed that all staff had received training in the protection of vulnerable adults and children. The registered manager had stated in the PIR that safeguarding training was undertaken during the staff induction course. The staff we spoke with confirmed this information was correct. We also saw that annual safeguarding refresher training was undertaken for all staff.

The staff we spoke with were able to tell us what action they would take if abuse was suspected or witnessed. Staff told us they would have no hesitation in reporting any poor practice they witnessed from colleagues and were confident they would be listened to.

All members of staff had access to the whistle-blowing procedure (the reporting of unsafe and/or poor practice). In addition to the service having the policy on the service computer, that staff had access to, there was also information about whistle-blowing in the guidance that was given to staff in the Homecare Code of Conduct document.

We found the staff recruitment system was safe. We looked at three staff files to check if appropriate checks had been made when recruiting new staff. Records contained proof of identity, an application form that documented a full employment history, a job description and references. Checks had also been carried out with the Disclosure and Barring Service (DBS) before the member of staff began working for the service. The DBS identifies any people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. This meant that checks had been completed to reduce the risk of unsuitable staff being employed at the service.

Risk assessments were in place in relation to assessing whether people had problems with certain aspects of their health, such as a need for support with moving and handling or needing assistance with the administration of their medicines. Staff had written down what action they would need to take to reduce or eliminate any identified risk.

We saw that assessments were also undertaken around risks associated with general safety issues within people's homes, such as fire safety, sufficient lighting and safe cooking appliances.

We looked to see how medicines were managed in people's own homes. We found the medicine management system was safe. The service had a detailed medicine management policy and procedure in place that gave guidance to staff about the storage, administration and disposal of medicines. The document also referred to the different levels of support staff were able to provide to ensure people received their medicines as prescribed. Records showed that staff received training and competency assessments before they were permitted to administer medicines.

The medication administration records (MARs) that we looked at were filled in correctly. This showed that people were given their medicines as prescribed; ensuring their health and well-being were protected.

We were shown the Business Continuity Plan that was in place for the service. The plan identified what action would need to be taken to eliminate or reduce the impact of the possible risks on the business, the staff and on the people they supported.

We saw that any accidents and incidents that occurred were recorded and monitored. Monitoring accidents and incidents can assist management to recognise any recurring themes and then take appropriate action; helping to ensure people are kept safe.

We looked at the information that was in place in the Homecare Code of Conduct document. There was information in the document to help ensure the safety of people who were supported and also the safety of the staff. Information such as; staff professional conduct, staff appearance, the need to wear identification badges, the use of people's door keys, safeguarding people, health and safety guidance and infection control procedures.

We were shown the infection control policy that was in place. It provided instructions for staff on processes such as hand hygiene, personal protective clothing, waste disposal and the management of outbreaks of infections. The staff we spoke with told us they had undertaken infection control and food hygiene training.

The care staff told us they always wore protective equipment such as disposable gloves and aprons when delivering personal care to people. Staff also told us they were provided with antiseptic hand gels, disposable shoe covers and face masks. The people who used the service that we spoke with confirmed to us that the staff always washed their hands and wore protective clothing when attending to their personal care needs.

Comments made to us included; "They use gloves and aprons and wear uniforms" and "Yes they wash their hands and they always use gloves and aprons." Wearing protective equipment helps protect staff and people who use the service from the risk of cross infection during the delivery of care.

Is the service effective?

Our findings

The people we spoke with told us they felt the staff had the right attitude, skills and experience to meet their needs. Comments made included; "They come seven days a week. They definitely know what they're doing," "The girls are all doing a decent job" also "They are a godsend," and "The carer understands [my relative's] needs."

We looked to see what was in place for the induction of newly employed staff. Induction programmes help staff understand what is expected of them and what needs to be done to ensure the safety of the people who use the service and of the staff. We saw there was a detailed three (for experienced care staff) or four day induction training programme for staff new to care that included The Care Certificate training. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. It provides staff with the knowledge to ensure they provide compassionate, safe and high quality care and support.

We also looked to see how staff were supported to develop their knowledge and skills. Staff told us they had received the necessary induction and training to allow them to support people safely and ensure their needs could be met. A check of the training records confirmed this information was correct. Comments made to us by staff included; "The training is really good" and "We have plenty of training. It is never an issue."

Records in the three staff personnel files that we looked at showed the staff received regular formal supervision meetings. We were told by the registered manager that they aimed to have staff supervision every three months but they could be more frequent if it was felt necessary. Supervision meetings provide staff with an opportunity to speak in private about their training and support needs as well as being able to discuss any issues in relation to their work. One of the staff we spoke with confirmed to us that they had regular supervision meetings. They also told us, "It is a two way thing. We can discuss what we want to talk about as well."

We checked whether the service was working within the principles of the Mental Capacity Act (MCA) 2005. The 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. However, people cared for in their own homes are not usually subject to a Deprivation of Liberty Safeguard (DoLS).

Training records showed that all staff had undertaken training in the MCA and DoLS. A discussion with the registered manager and two of the care staff showed they had a good understanding of the MCA and DoLS.

We asked the registered manager to tell us what arrangements were in place to enable the people who used

the service to give consent to their care. We were told that any care provided was always discussed and agreed with people who were able to consent. The PIR informed us that all the people who used the service were given choice and control over the decisions they made. It was stated that the service respected each person's individual choice and encouraged people to make their own 'delivery of care package.' We saw evidence of written consent in the care records that we looked at.

The registered manager demonstrated their understanding of the action they would need to take should they have concerns regarding an individual's capacity to make a particular decision or give consent. We saw evidence of a 'best interest' meeting that had been undertaken for a person in respect of the best action to take around their safety.

People we spoke with told us that either their family or the care staff supported them with the preparation and cooking of their meals. They told us it was mainly meals that needed cooking in the microwave oven. Comments from relatives or people who used the service included; "She eats well". My [relative] does frozen meals for her and they [care staff] warm them up," "They help me with my meals but I don't eat much." Also, "They come three times a day and make sure I eat and drink. I get 'ready meals' I can put in the microwave" and "They come and do breakfast and lunch and leave a sandwich for {service user's] tea."

The registered manager told us they would contact other health care professionals if they felt there were any concerns about a person's health. The names and contact details of the health and social care professionals involved in the person's care were documented in the four care records that we looked at.

The Code of Conduct document informed staff that they must contact the office staff as soon as possible if they are concerned about a person's health and well being. The document also informs that in the event of an emergency, the emergency services must be contacted immediately. When possible staff must then contact the office staff to inform senior staff of the issue and then await any possible advice or instructions.

Is the service caring?

Our findings

We received complimentary feedback about the kindness and caring attitude of the staff. Comments people made included; "They are very caring and trustworthy. They ring me to ask if everything's ok," "They are a nice bunch of girls and they're understanding. They respect [relative's] privacy and dignity and talk through everything. They always ask if it's ok to help with things that [relative] can't do." Also, "You couldn't get any better carers," "Some carers are very loving. They can speak the language so they chat away and they understand [relative's] needs. The others [care staff] are picking up odd words now as well," "Privacy and dignity-brilliant" and "They always respect [relative's] wishes. They are caring, kind and compassionate."

Staff told us that the importance of ensuring the privacy and dignity of people was emphasised throughout their induction and their training. We saw that the induction training file re-iterated the importance of ensuring people's privacy, dignity, choice, equality, rights and independence were respected.

We were made aware that the service supported some people who were from a minority ethnic background. The PIR informed us that during the induction training, staff were taught to deliver non-discriminatory practice and cultural awareness. This was to ensure that people's cultural and religious beliefs were respected.

We were told the staff offered a flexible service to enable people and their family members to attend their preferred place of worship. We were told that during the month of Ramadan if a person wanted their care to be provided at different times, due to the change of meal preparation and meal times, then their choice would be respected and honoured. We were told that, wherever possible, care staff were 'matched' to the person who used the service, based on the person's preferences, religious and cultural beliefs.

We were shown the Service User Guide that was given out to people who used the service. The Service User Guide is a document that contains lots of information about the agency. It is given out to people so that they can keep it at home and refer to it as and when they need to.

We were told that the agency provided people who used the service and the staff with an email address so that if this was their preferred method of communication they could contact management in that way. People told us they felt communication with the registered manager and the senior staff in the office was good.

A discussion with the registered manager showed they were aware of how to access advocates for people who had nobody to act on their behalf. An advocate is a person who represents people independently of any government body. They are able to assist people in many ways such as; writing letters for them, acting on their behalf at meetings and/or accessing information for them.

We saw that confidentiality was respected by the staff. Records in the office were stored securely and the care staff were given training and support around confidentiality issues.

Is the service responsive?

Our findings

People told us that staff responded well to their needs. Comments made included; "They are kind and compassionate and know what I need" and "They know what needs doing and they do it well."

We were told by the registered manager that once people had been assessed by the professionals funding their care and the service agreed to provide the care required, a senior member of staff from the agency undertook their own assessment. This was to ensure the person's individual needs could be met by the agency staff and also to assess if the person who was to use the service and the attending staff would be at risk of harm from any hazards.

During the last inspection of March 2017 we found there was a breach of Regulation 9(1)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the care plans did not always meet the needs of the people who used the service.

During this inspection we found the service had complied with the Regulation. We looked at four care records and saw that in addition to the initial assessment they contained sufficient information to show how people were to be supported and cared for. It was clear from the information contained within the care records that people and/or their family had been involved in the planning of their care and support.

We were told that reviews of people's care were undertaken regularly and involved the person supported, their family, the social or healthcare professional involved in their care and the staff who supported them.

People we spoke with told us; "I think I had a review 12 months ago and I am very happy," "I have reviews but can't remember the last one," "We've had reviews and we've had a new care plan since" and "I've had reviews a couple of times."

The staff we spoke with told us people also had a copy of their care plan in their own home. The people who used the service that we spoke with confirmed this information was correct. People told us that after every visit staff wrote down in their care records what care and support had been provided.

The registered manager told us that where people who used the service had identified specialist care needs they worked alongside other healthcare professionals such as district nurses, occupational therapists and dieticians. This was to ensure the person's care needs would be met.

We asked the registered manager to tell us how staff would care for people who were very ill and at the end of their life. We were told that, if possible, the person would be supported to remain in their home with support from the appropriate health care teams. We were shown the content of the End of Life and Palliative Care training that the majority of the staff had undertaken.

We were told there was always a member of staff on call outside of office hours in order to provide advice and support to both staff and people who used the service. Staff we spoke with confirmed that they were

aware of the 'on call number.'

We asked people if they knew how to make a complaint. People told us; "I usually sort things out straight away with the carer if there's a problem," "I'd ring up and ask to talk to someone who would look at it and deal with it appropriately," "If I had a complaint I'd ring the office," "I do think if I had a problem they'd get things sorted" and "I've never had any concerns but if I did I think they would sort it out quickly."

Information about how to make a complaint was contained within the Service User Guide that each person who used the service was given. The procedure explained to people how to complain, who to complain to and the time it would take for a response. The records we looked at showed that all complaints were appropriately recorded and responded to.

Several days after the inspection we were made aware of a complaint that had been made in relation to a specific aspect of a person's care. Following an investigation by a member of the management team the service accepted that lessons had been learnt from the complaint and we were told that guidance had now been put into place to prevent any re-occurrence of the incident.

The PIR informed us that when a complaint was raised the service would investigate the complaint and ensure that feedback was given on any lessons learnt. We were told that any lessons learnt were shared with the team through staff meetings.

Is the service well-led?

Our findings

The registered manager and the regional operations manager were present on the day of the inspection. People who used the service were complimentary about the management of the service. Comments made included; "It is well run. I am happy with most things and the managers are approachable. If I could change anything it would be to have 24 hour care," "The managers are approachable. I've never had any concerns. Overall it is well led and I'm very happy," and, "Managed well, can't knock it and couldn't get any better carers."

Our conversations with the staff showed they felt included and consulted with. Staff spoke positively about working at the service. They told us they felt valued and that management were very supportive. Comments made included, "I have never had a problem with management. Always supportive," "Great" [the registered manager], and, "I feel supported in my work by the care coordinator."

Before the inspection we contacted local authority commissioning teams to seek their views on how they felt the service operated. Comments made included; "I am happy with the overall service that the company provide and to date I have no complaints about the service that they offer," and, "We are happy with the service. There have been some issues with communication, however this has been raised with the manager."

We were told, and records showed, that the service had links with numerous community health and social care services. This was to help ensure that services were tailored to meet people's individual assessed needs in a person-centred way.

We were told that staff team meetings were held regularly. Records we looked at showed that in one week of April 2018, a total of 101 staff members had attended the 15 team meetings that had been held within the catchment areas. Team meetings are a valuable means of motivating staff, keeping them informed of any developments within the service and giving them an opportunity to discuss good practice.

We saw that the service had policies and procedures in place to support staff to carry out their roles safely and effectively.

We asked the registered manager to tell us how they monitored and reviewed the service to ensure that people received safe, effective care and support. We were told that regular checks were undertaken on all aspects of the operation of the business. These included such things as missed visits, complaints, care records, medication records, staff training records and accidents and incidents.

It was documented in the PIR document that regular 'spot checks' of care staff by senior staff were undertaken to observe their care and practice whilst providing support to people in their homes. We were told that where it was identified that improvements were needed, then further spot checks would be undertaken to ensure improvements had been made.

We also asked how they sought feedback from people who used the service and their families... We were told that feedback surveys were sent out every six months to enable people to comment on the service and facilities provided. We were told that feedback was also sought during the care reviews and the 'spot checks' that were undertaken.

People we spoke with told us; "Yes I get questionnaires," "We've had one review and one questionnaire since we've been with them" and "I get questionnaires but I don't fill them in. It says you don't have to. I talk to them on the phone about what I think".

We were also told that the agency had introduced a 'service user forum' to gain invaluable feedback and allow management to further monitor the service provided.

The registered manager told us that every morning the 'office team' had a 10 minute 'catch up' with management to discuss any issues that may need addressing that day and/or may have developed from the previous day. In addition we were told about the daily 'tracker call' between the registered manager and the regional manager. Records showed that regional team meetings were held monthly to monitor and look at ways of further improving the service provided.

We checked our records before the inspection and saw incidents that CQC needed to be informed about, such as safeguarding allegations, had been notified to us by the registered manager. This meant we were able to see if appropriate action had been taken by management to ensure people were kept safe.

From 01 April 2015 it has been a legal requirement of all services that have been inspected by the CQC and awarded a rating, to display the rating at the premises and on the service's website, if they have one. Ratings must be displayed legibly and conspicuously to enable the public and people who use the service to see them.

We found that the previous rating was displayed, both at the premises and on the service's web site.