

Medic 2 UK Limited

# Medic2 UK Limited - Basildon

## Inspection report

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### Ratings

#### Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Inadequate



### Overall summary

Medic2 UK Limited Basildon provides personal care and support to people in their own homes.

The inspection was completed on 17, 22 and 28 September 2015. At the time of the inspection there were eight people who used the service.

We carried out an announced comprehensive inspection of this service on 23 January, 25 January, 28 January and 29 January 2015. Several breaches of legal requirements were found and these related to poor risk management, poor medicines management, poor staff recruitment procedures, insufficient staff to meet people's care and

support needs, poor induction, training and supervision for staff and poor complaints management. In addition, the provider did not have suitable arrangements in place to effectively monitor and assess the quality and safety of the service provided. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breach. We undertook a focussed inspection on 6 May 2015 to check that they had followed their plan and to confirm that they now met the legal requirements pertaining to quality

# Summary of findings

assurance. Whilst significant progress had been met to meet the regulatory requirement, improvements were still required in relation to the provider's arrangements for quality assurance.

A registered manager was 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 provider told us that an application to cancel the location's registration had recently been made to the Care Quality Commission. The provider confirmed that the Local Authority had been notified and they were assisting the service to find alternative domiciliary care providers for existing care packages to transfer to. It was envisaged that the service would close on 11 October 2015.

Proper recruitment checks had not been completed on all staff before they commenced working at the service. Recruitment practices were not safe and had not been operated in line with the provider's own policy and procedures. Formal arrangements were not in place to ensure that newly employed staff received a comprehensive and robust induction.

The systems in place to deal with comments and complaints required improvement as there was little

evidence to show how actions, decisions and outcomes of concerns raised had been made. The provider did not have an effective and proactive quality monitoring and assurance system in place to ensure that the service performed to an appropriate standard so as to drive improvement.

Appropriate arrangements were in place to manage risks to people's safety. Risks for people had been identified or anticipated and there were sufficient staff available to meet people's care and support needs. People received their medicines at the times they needed them and people's healthcare needs were managed well and they received appropriate nutrition and hydration each day.

Staff had received applicable training to enable them to deliver care and support to people who used the service. Formal arrangements were in place to ensure that staff were supported and received formal supervision.

People spoke positively about the way staff treated them and reported that they received appropriate care. Staff demonstrated a good knowledge and understanding of the people they cared for and supported. People told us that their personal care and support was provided in a way which maintained their privacy and dignity. We found that people's care plans reflected current information to guide staff on the most appropriate care people required to meet their needs.

You can see what actions 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?

The service was not consistently safe.

Appropriate recruitment arrangements were not in place to ensure that the right staff were employed at the service.

We found that suitable steps had been taken by the provider to ensure that there were sufficient numbers of staff available to support people and to meet their care and support needs.

Proper measures were in place to manage risks to people's safety.

Suitable arrangements were in place to ensure that medicines management were appropriate.

**Requires improvement**



### Is the service effective?

The service was not consistently effective.

Staff did not receive an effective and robust induction.

Appropriate steps had been taken to ensure staff had the right knowledge and skills to carry out their roles and responsibilities to an appropriate standard and to meet people's needs.

People's healthcare needs were fully identified to ensure that they received proper support from staff.

Staff were supported in their role through regular supervision and 'spot checks.'

**Requires improvement**



### Is the service caring?

The service was caring.

People were provided with care and support that was personalised to their individual needs.

Staff understood people's care needs and responded appropriately.

The provider had arrangements in place to promote people's dignity and to treat them with respect.

**Good**



### Is the service responsive?

The service was not consistently responsive.

People's care plans reflected current information to guide staff on the most appropriate care people required to meet their needs. Care plans had been reviewed as changes in people's circumstances had changed.

**Requires improvement**



# Summary of findings

Appropriate steps had not been taken by the provider to ensure that people who used the service and those acting on their behalf could be confident that their complaints would be listened to, taken seriously and acted upon.

## Is the service well-led?

The service was not well-led.

The provider's lack of improvement in some areas demonstrated a lack of understanding of good quality assurance systems and continued drive for improvement.

**Inadequate**



# Medic2 UK Limited - Basildon

## 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 took place on 17, 22 and 28 September 2015 and was unannounced.

The inspection team consisted of two inspectors.

We reviewed the information we held about the service including safeguarding alerts and other notifications. This refers specifically to incidents, events and changes the provider and manager are required to notify us about by law.

We spoke with four people who used the service, three members of care staff and the registered provider who was available on the first day of inspection.

We reviewed six people's care plans and care records. We looked at the service's staff support records for four members of staff. We also looked at the service's arrangements for the management of complaints, compliments, safeguarding information and the provider's quality monitoring and audit information. 2015

# Is the service safe?

## Our findings

At our last inspection on 23, 25, 28 and 29 January 2015 concerns were raised that staff working at the service had not been recruited properly. The provider was unable to show that effective and proper recruitment checks had been completed on all staff before they commenced working at the service. Staff recruitment records showed that the provider's recruitment practices were not safe and had not been operated in line with the provider's own policy and procedure. We identified concerns relating to poor medicines management. We found that not all people who used the service had received all of their prescribed medication as they should. Not all staff who administered medication had received appropriate medication training. We also found that people were not protected against the risk of receiving support that was inappropriate or unsafe as there were not always enough staff to support them. This related specifically to not all staff staying for the full amount of time allocated and people experienced late visits and/or missed calls. In addition appropriate arrangements were not always in place to manage risks to people's safety.

We asked the provider to send us an action plan which outlined the actions to be taken to make the necessary improvements. In response, the provider shared with us their action plan on 4 May 2015 detailing their progress to meet regulatory requirements. No date was recorded detailing when they would achieve compliance.

At this inspection we found that the required improvements as stated to us by the provider had not been made and new staff employed had not been recruited properly. The file for one member of staff who had recently left the service's employment was viewed. This revealed that the provider was unable to show that effective and proper recruitment checks had been completed on all staff before they commenced working at the service. We found that the staff member's DBS Adult First check through the Disclosure and Barring Service and their DBS certificate were received after they had commenced employment. In addition, we found that satisfactory evidence of conduct in their previous employment, in the form of references, had not been received prior to their employment at this service. Although we were told that the member of staff had been primarily responsible for the service's administration, records showed that they had provided support to three

people who used the service. This showed that people were not protected by the provider's staff recruitment process. In addition, the actions the provider told us that they would take as detailed within their action plan to meet the regulation was not effective.

This demonstrated a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found that the required improvements as stated to us had been made in relation to medicines management and that these were safe. People told us that they received their medication as they should and at the times they needed them. There were arrangements in place to record when medicines were received and given to people. We looked at the records for four of the eight people who used the service. These were in good order, provided an account of medicines used and demonstrated that people were given their medicines as prescribed. The registered manager was advised that minor improvements were required to ensure that people's care plans reflected the level of assistance required in relation to their medication, for example, if they required staff to administer their medication or staff were to prompt them.

People were supported by sufficient numbers of staff to meet their needs safely. People who received a service had their care package funded through direct payments, the Local Authority or by the NHS. The care package assessment determined the staffing levels to be provided in order to meet the person's needs. People and staff told us and the records confirmed that there had been no missed calls since our last inspection in May 2015. In addition, the incidence of late visits by staff had been greatly reduced. One person told us, "The girls are occasionally five or 10 minutes late. I generally have the same staff and they always stay for the allocated time unless I tell them to go early when there is nothing more for them to do." Another person told us, "The staff are very flexible with the times of the calls and these suits and benefits us greatly. When I was unwell [name of staff member] stayed with my relative for four hours." Where staff had been late or where only one member of staff instead of two had turned up to provide support, there was evidence to show that the provider had taken appropriate disciplinary action with the individual staff members.

Risk assessments were in place and these related to people's manual handling needs, falls, environmental risks

## Is the service safe?

to ensure people's and staff's safety and wellbeing and medication. Staff were aware of people's individual risks and how to help people in a safe way. This showed that people's individual risks were assessed and staff knew how to keep safe.

People were protected from the risk of abuse. Staff had received up-dated safeguarding training since January 2015. Staff were able to demonstrate a good understanding

and awareness of the different types of abuse, how to respond appropriately where abuse was suspected and how to escalate any concerns about a person's safety to a senior member of staff or a member of the management team. One member of staff told us, "I would not hesitate to raise a safeguarding if I suspected abuse. If I thought the manager would not take the appropriate action I would contact you [CQC] and the Local Authority."

# Is the service effective?

## Our findings

At our last inspection on 23, 25, 28 and 29 January 2015 we found that staff had not received appropriate training, a robust induction, regular supervision and an annual appraisal.

We asked the provider to send us an action plan which outlined the actions to be taken to make the necessary improvements. In response, the provider shared with us their action plan on 4 May 2015 detailing their progress to meet regulatory requirements. No date was recorded detailing when they would achieve compliance.

At this inspection we found that the required improvements as stated to us had been made.

The provider did not have effective induction arrangements in place for staff. The staff recruitment file viewed showed that there had been no induction undertaken for the member of staff or confirmation that they had the skills, knowledge and competencies to ensure they were able to provide high quality care and support and were aware of the role they were to undertake. Neither the registered manager nor the member of staff was available to discuss this further.

People told us that, in their opinion, staff were appropriately trained. Staff had received mandatory training in key areas and additional training had been provided to staff in specialist areas required for them to complete their duties safely, for example, catheter care and training relating to a medical procedure in which a tube is placed into a person's stomach to provide a means of feeding when oral intake is not adequate. However, staff told us that they had not always found the training to be as helpful as it could be or appropriate. For example, staff told us that the medication training was delivered through the watching of a video, however this related to care homes and not a domiciliary care service. Staff also told us that

training relating to catheter care had been provided through the watching of a video and via the registered manager. No records were available to show that the registered manager had completed 'train the trainer' training in this specialist area.

Staff told us that they received formal supervision and 'spot visits' at regular intervals. The latter is where a member of the organisation calls at a person's home just before, during, or after a visit by a member of care staff. This is so that they can observe the member of staff as they go about their duties. Staff told us that supervision was used to help support them to improve their work practices. Records confirmed what staff had told us.

Where staff were involved in people's nutritional support they did so as required and met people's needs. People told us that staff supported them as needed with meal preparation, provision of drinks and snacks and in some cases assisting people to eat and drink. Staff demonstrated a good understanding and knowledge of the support required to ensure that people had their dietary needs met. People's nutritional requirements had been assessed and documented and included their personal food and drink preferences. Where people were at risk of poor nutrition, this had been identified and appropriate actions taken. Where appropriate there was evidence to show that the service had liaised and networked with suitable healthcare professionals, for example, GP's for advice.

Where appropriate people had access to health professionals as required. People told us that if there were concerns about their healthcare needs they would discuss these with care staff or their family members. Staff told us that if they were concerned about a person's health and wellbeing these would be relayed to the domiciliary care service office for escalation and action. Records showed occasions whereby GP's, District Nurses and Social Workers had been contacted due to a change in a person's healthcare needs.



# Is the service caring?

## Our findings

People told us that they or their member of family were treated with kindness and compassion. One person told us, “The staff are fantastic. The staff provide wonderful care and support for [name of person]. My relative has two regular staff to support them and they like both of them. We will be sorry to lose them when the service closes as they get on very very well.” Another person told us, “Considering the job they [staff] have to do, the girls do a really good job. I can’t fault them really.”

Staff understood people’s care needs and the things that were important to them in their lives, for example, members of their family, key events and their individual personal preferences. People were encouraged to make day-to-day choices and their independence was promoted and encouraged where appropriate and according to their abilities and strengths. For example, where appropriate people were encouraged to maintain their independence with eating and drinking and with aspects of their personal care. This showed that people were empowered to retain their independence where appropriate according to their needs and abilities.

People were supported to express their views and to be involved, as far as possible, in making decisions about the care and support to be provided. People had been given the opportunity to provide feedback about the service through their involvement in the assessment process, where appropriate had signed to state that they agreed with the content of the support plan and from completion of quality monitoring forms.

People told us that their personal care and support was provided in a way which maintained their privacy and dignity. They told us that the care and support was provided in the least intrusive way and that they were always treated with courtesy and respect. Our observations showed that staff respected people’s privacy and dignity. We saw that staff knocked on people’s doors before entering and staff were observed to use the term of address favoured by the individual. In addition, we saw that people were supported to maintain their personal appearance so as to ensure their self-esteem and sense of self-worth. People were able to wear clothes they liked that suited their individual needs and staff were seen to respect this. Where appropriate staff told us they gave people privacy whilst they undertook aspects of personal care but ensured they were close by to maintain the person’s safety.

# Is the service responsive?

## Our findings

At our last inspection on 23, 25, 28 and 29 January 2015 we found that robust systems were not in place to handle, respond and ensure that complaints were fully investigated.

We asked the provider to send us an action plan which outlined the actions to be taken to make the necessary improvements. In response, the provider shared with us their action plan on 4 May 2015 detailing their progress to meet regulatory requirements. No date was recorded detailing when they would achieve compliance.

At this inspection we found that not all of the required improvements as stated to us had been made. Records showed that there had been eight complaints since January 2015. People told us that they felt comfortable to raise any issues or complaints. However, although a record was maintained of seven of the eight complaints received, limited information was recorded relating to how conclusions had been reached and the specific outcome. In addition, no records were maintained for one complaint and staff were unable to provide a rationale for this. This showed that the provider had an inconsistent approach to the management of complaints, had failed to maintain an accurate record of all issues raised, could not demonstrate appropriate action taken or evidence how concerns and complaints were used as an opportunity for learning or improvement.

This demonstrated a continued breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People's needs had been assessed prior to the commencement of the service being offered. Information from these was used to inform the person's care plan. People told us and records confirmed that as much as possible, they or those acting on their behalf had been involved in the assessment process. The care plans included information relating to their specific care needs, the support they needed and how these were to be met by staff. In addition, evidence showed that the care plan had been reviewed and updated as people's circumstances had changed, such as, where a person no longer required a catheter or required food or medication to be taken through a nasogastric feeding tube. This meant that staff had the most up-to-date information available to them to deliver care and support to an acceptable level. Staff were aware of people's care and support needs and people told us that care and support was provided accordingly and this met their needs. Staff were aware of people's preferences and choices and how they wished to receive care and support. One relative told us that the member of staff who provided support for their member of family knew that the care and support provided needed to be at the person's own pace. They confirmed that the member of staff did not rush their relative when providing personal care even though this could take a long time.

# Is the service well-led?

## Our findings

At our last inspection on 23, 25, 28 and 29 January 2015 we found the provider did not have suitable arrangements in place to effectively monitor, assess and continuously improve the quality and safety of the service. We served a warning notice to the provider on 4 March 2015 requiring them to become compliant with Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 by 1 April 2015. A focussed inspection was undertaken on 6 May 2015. At that time we found that the service had implemented a more robust quality assurance process and had started using these to improve the service for people, however further work was needed to ensure that these arrangements continued to improve the care people received.

At this inspection we were advised by the provider that an application to cancel the location's registration had recently been made to the Care Quality Commission. The provider confirmed that the Local Authority had been notified and they were assisting the service to find alternative domiciliary care providers for existing care packages to transfer to. It was envisaged that the service would close on 11 October 2015. Whilst the provider had taken the decision to close the service, at the time of this inspection, eight people continued to receive a service, therefore we judged it necessary to continue the inspection and report on what we found.

Whilst some improvements were noted, namely, the management of risks to people's safety, health and wellbeing, medicines management and staffing arrangements to meet people's day-to-day needs; breaches of regulation remained outstanding in relation to complaints management and quality assurance. In

addition, improvements were still required to ensure that the arrangements for staff to receive suitable training relevant to the service were required. The registered manager was unable to show that all of the actions they told us they would take to achieve compliance with regulations had been. This showed that the culture to learn from past mistakes and to make the necessary improvements in line with regulatory requirements was inconsistent and reactive rather than proactive.

Since our last focussed inspection, the service's 'quality assurance officer' had left the service's employment. We found that although feedback from people and those acting on their behalf had been sought through the completion of regular feedback forms and staff meetings had taken place, no other evidence was available to show how the provider assessed and monitored the quality of the service provided. Staff meeting minutes were readily available and although these evidenced the topics discussed, they did not show that these were a two-way process or that staff were given the opportunity to express their views or to have an open discussion.

This demonstrated a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and those acting on their behalf confirmed and records showed that they had participated in providing feedback to the provider about the quality of the service provided. Feedback in the majority of cases had been completed in writing and from telephone interviews. Comments were positive and included, "The care is great and my life has changed massively since having this care service" and, "The service has really improved. I cannot fault the company. I am very happy."

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

Personal care

### Regulation

Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints

People who use services and others were not protected against the risks associated with an effective system for recording, handling and responding to complaints.

### Regulated activity

Personal care

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

People who used the service did not benefit from a service provider that had robust systems in place to monitor and improve the quality of the service that people received.

### Regulated activity

Personal care

### Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

We found that the registered provider had not protected people against the risks of employing people without appropriate checks relevant to their employment. This was in breach of Regulation 19(1) and (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.