

Medic 2 UK Limited

Medic 2 UK Limited - Romford

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

This inspection took place on 25 May 2016 and was announced. The registered manager was given 48 hours' notice because the location provides a domiciliary care service. This was to ensure that members of the management team and staff were available to talk to. At our last inspection in May 2014 we found the provider was meeting the regulations we inspected.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Medic 2 UK Limited is a domiciliary care service that provides support, including personal care, to people in their own homes. At the time of our visit they were providing personal care to 25 people however 11 of them were not receiving personal care as they were admitted to hospital.

People felt safe using the service and when staff were in their homes. Staff received training to raise awareness of how to recognise signs of potential abuse and poor practice and what actions they would need to take. Staff were confident in their knowledge and understanding of abuse.

There were safeguarding policies and procedures in place. We have made a recommendation about the safeguarding policies and procedures.

The registered manager had individual risk assessments completed to ensure both people and staff were protected from the risk of harm.

The service had a recruitment process to ensure suitable staff were recruited. New staff underwent an induction programme and shadowed experienced staff, until they were competent to work on their own. Staff supervision and appraisal sessions were regularly completed to reflect on good practice and to discuss areas of improvement. This enabled staff to carry out their duties effectively. Staff training was on-going and staff could access training whenever it was required. People received continuity of care and support from regular members of staff.

There were systems in place to ensure, where staff helped people to take their medicines these were done safely.

There were policies and procedures to guide staff in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). The registered manager understood what their responsibilities were for ensuring decisions were made in people's best interests. People were supported to make their own decisions and choices.

People were satisfied with the service they received. They felt staff had the right skills and experience to meet their needs. Staff were kind and caring in their approach and knew people and their support needs.

People and/or their family were encouraged to be involved in the planning and review of individual care and support needs. Care plans contained information about people's needs, wishes and preferences. Regular reviews were completed to ensure that the needs of people were met.

People's nutritional needs were noted and they were supported to maintain good health.

Relevant information was given to people who used the service, such as the information pack, which included an outline of the services on offer.

People, their representatives and staff told us the management were approachable and supportive.

People and their relatives felt staff and management listened to people's concerns and acted upon them. They knew how to raise a complaint and to whom.

The registered provider had an effective quality assurance system to ensure that all aspects of service provision were regularly reviewed and maintained to a good standard. The service worked with the wider community to ensure people received the support they needed.

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 told us they felt safe. Staff were confident as to how they would respond to concerns about people's safety.

Risks to people were appropriately assessed and recorded in their care plans.

There were sufficient staff to meet people's care and support needs.

Safe recruitment procedures were followed in practice.

There were systems in place to ensure medicines were given safely.

Is the service effective?

Good ●

The service was effective.

People were cared for by staff who were trained and supported with their personal development. Training was on-going.

Staff knew of their responsibilities as defined by the Mental Capacity Act 2005 (MCA 2005) and in relation to Deprivation of Liberty Safeguards (DoLS).

People were supported to maintain good health and were referred to healthcare professionals when needed.

People were supported to be able to eat and drink sufficient amounts to meet their needs.

Is the service caring?

Good ●

The service was caring.

People were treated with dignity and respect and they commented staff had a kind and caring approach.

Staff understood the importance of promoting people's independence.

People's privacy were respected and staff were responsive to their needs.

People were involved in the planning of their care and were provided with information about the service they could expect to receive. □

Is the service responsive?

Good ●

The service was responsive.

People had care plans that reflected their needs and how these were to be met.

Care plans and risk assessments were reviewed and updated when people needs changed.

A complaints procedure was available and people knew who to contact if they wished to make a complaint.

Is the service well-led?

Good ●

The service was well led.

People and staff told us the management team was approachable and supportive. There was an open and positive culture, which focussed on people.

An effective quality assurance system was in place to review and monitor the care and support people received. The registered manager welcomed people and staff's suggestions to help improve the service.

The service had links with the wider community and this helped to ensure people needs were met.

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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.

Before the inspection, we asked the provider to complete 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. Due to technical problems a PIR was not available and we took this into account when we inspected the service and made the judgements in this report.

Prior to the inspection, we reviewed the information we held about the registered provider including previous notifications and information about any complaints and safeguarding concerns received. A notification is information about important events which the registered provider is required to send to us by law.

During the inspection we reviewed people's records and a variety of documents. These included four people's care plans and risk assessments, four staff recruitment files, the staff training, supervision and appraisal records, medicine administration record (MAR) sheets, and quality assurance records and surveys.

After the inspection we spoke with four people using the service, two relatives and four members of staff to obtain their views of the service.

Is the service safe?

Our findings

People told us they felt safe and did not have any concerns. They said they would feel comfortable to talk to someone if they did not feel safe. One person said, "Yes I do feel safe when the staff come round." Another person told us, "I feel very safe, I don't have any concerns, happy with the agency." Relatives told us the service was good and they felt their family members were safe and well looked after.

The service had a safeguarding policy to protect people and the reporting of abuse and neglect. The policy was included in the staff handbook. We recommend the registered manager reviews the policy to include information about safeguarding adults as mentioned in the Care Act 2014. The Care Act 2014 sets out a clear legal framework for how local authorities and other parts of the system should protect adults at risk of abuse or neglect.

Staff received safeguarding training and knew the procedures to report any suspicions of abuse or allegations. They were able to describe to us what they would do if they saw poor practice. One staff said, "If I see anything not right, if a person is not being treated right, I will report it to my manager straight away." The registered manager described how they would raise safeguarding concerns with the relevant agencies to ensure people were safe.

The service had a whistle blowing policy, offering guidance to staff to report poor care issues, including information about reporting concerns to appropriate outside regulatory agencies, such as the Care Quality Commission (CQC). Staff told us they were aware of the policy and would not hesitate to use it. A whistleblower is a person who raises a concern about a wrongdoing in their workplace.

We saw a risk assessment was completed for each person who used the service. The assessment highlighted the potential hazard and the precautions that could be taken to minimise the risk. There were risk assessments around supporting people in their home, moving and handling and medicines management. We saw care records contained risk specific to the person. For example, some people using the service were at risk of falls and there were guidelines on how to minimise the risk. This helped to ensure people were cared for in a way that meant they were kept safe.

People told us that they felt safe when staff attended to their needs for example when staff transferred them from their chair to their bed or vice versa using a hoist. However we noted that one person had a medical condition that could cause them to have a fit and there were no guidelines in place on how to manage the situation should the person suffer a fit. This was brought to the attention of the registered manager who said this was missed and the guidelines would be put in place immediately. Staff had been trained in how to manage if a person having a fit during their first aid training. The registered manager also agreed that some of the risk assessments could be more comprehensive. Risks assessment were reviewed six monthly or sooner if there was a change.

People were supported by sufficient members of staff to meet their individual needs. People as well as staff felt there were enough staff to ensure the needs of people were met. One staff member told us, "The staff

team are good and we work well as a team and help each other." People told us they knew who was coming to give them help and support and never had a missed call. However there had been instances where staff had been late going to see people and these were due to traffic jam or their car broke down. People were notified when staff were running late. From the records we sampled we noted that people were supported by the same staff. This helped to ensure people received a consistent service from staff that had a good understanding of their needs. We noted that some people or their relatives had contacted the office to raise concerns about some staff poor command of English and this was currently being looked into by the registered manager.

The registered manager told us if people's needs changed they would have a meeting with the relevant professionals to look at how best to ensure the person's needs were met safely. For example they said they could request an increase in the duration of the call or have two staff attending instead of one.

The registered provider had a recruitment policy and procedure to ensure staff recruited to work in the service were suitable and of fit character. We looked at recruitment records for four members of staff and found the required checks were undertaken before staff could work for the service. All staff had completed an application form which required them to provide details of their previous employment history, training and experience. Staff files also contained evidence of a Disclosure and Barring Service (DBS) check having been undertaken (The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups, including children), proof of the person's identity and references. Staff were provided with identity badges and were required to wear them when visiting people.

There were procedures for staff to follow should an emergency arise for example if someone who used the service became unwell. A member of the management team was on call at all times. We saw in one record where a member of staff had taken appropriate action where they were unable to get in one person's house. This was clearly recorded in the person folder. Staff felt comfortable to seek advice from the management team in the event of an emergency.

There was a system in place to record accidents and incidents. There had not been any accident and incidents recently. However the registered manager informed us they would investigate any accident or incident and would take action to reduce the risk of further occurrence and keep people safe.

Some people needed help with taking their medicines and they told us they received their medicines when they should. One person said, "They (staff) give me my tablets when I am due to have them, never had any concerns." There was a clear medicines policy and procedure in place for staff to follow. Staff had received training in medicine administration.

We looked at Medicine Administration Records (MAR) charts and saw staff had signed when assisting people with administering of their medicines or had entered a code to indicate why medicines had not been given. People's care plans clearly identified which medicines people had been prescribed and if they needed support with the administration of their medicines.

Is the service effective?

Our findings

People told us staff gave them the support and care they needed. One person said, "The staff are good, they know what I need and help me with washing." Another person told us, "The girls know what they are doing." A relative told us, "The carer [staff] that comes is very good to mum and very helpful." People and their relatives were satisfied with the care and support they received.

Staff had received appropriate training and experience to support people with their individual needs. The registered manager ensured that staff received training and development opportunities that were appropriate and required for their role. These were linked to the 'Care Certificate' which all staff were in the process of completing. The Care Certificate is designed for new and existing staff and sets out the learning outcomes, competencies and standard of care that staff are expected to uphold.

There was a training record in place that showed all the training courses staff had attended and when refresher courses were due. We saw training was always on-going. Staff felt the training was good and told us they were supported to access any training they required. One staff said, "The training helps me to do my job and I have learned a lot." The registered manager told us "There are regular training for staff and this helps to ensure people needs are met." Staff were reminded when they needed to renew their training.

All new staff completed an induction when they started working at the service. They undertook a number of training courses and learned about people care needs and preferences and familiarise themselves with the policies and procedures. Staff were provided with an employee handbook that contained comprehensive information about the service and a number of policies and procedures which staff were required to read. Staff spent time shadowing existing experienced staff with people prior to being allowed to support someone on their own. One staff told us, "When I started I shadowed another staff or worked with someone on double up calls [visits where two staff attend to people] and this has helped me to learn the job."

Staff received supervisions with a member of the management team every three months. This gave them an opportunity to be able to discuss how their work was progressing, if they had any concerns and their learning and development. Records of those meetings were held in each staff member's personal files. We saw on one file the staff wanted to do further training as they want to become a qualified nurse. One member of staff told us, "I have regular supervision and we discuss things like training, clients' [people] needs and anything affecting my work." There were also spot checks carried out by the management team whilst staff were undertaking visits to people to observe their practice.

Staff had an annual appraisal to ensure the expected standards of practice were maintained. This ensured that staff were appropriately supported on how to care for people effectively.

The registered manager was aware of the key principles of the MCA. There were policies and procedures to offer guidance to staff in relation to the Mental Capacity Act 2005. The registered manager told us that no one was subject to an order of the Court of Protection. They understood the process, which had to be followed when one was required.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires as far as possible people to make their own decisions and to be helped to do so when needed. When people lack mental capacity to make particular decisions, any decisions made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

Staff told us if they were concerned in any way about the people they support around their capacity they would speak to the registered manager. A relative told us they had attended a best interest meeting for their mother and a number of professionals were involved.

Staff consistently sought and obtained people's consent before they helped them. We looked at the care records and saw consent forms to receive care and support were signed by the people. Staff always informed and discussed with people the tasks they were about to undertake. If people refused support, staff would use encouragement to complete the task, but respecting the decision of the person to refuse support if they chose to. Staff told us, they always respect people wishes.

People's needs with regards to support with eating and drinking had been assessed and recorded. Staff prepared the meals what the person asked and also offered them choice of any alternative if available, for example having a hot meal instead of a sandwich. Staff encouraged people to drink and would ensure a drink was available for them if they wanted one at a later time. If staff had any concerns about a person not eating or drinking, they would inform the office staff who would in turn contact the person's relatives or GP for advice or professional help.

Most people managed their own healthcare needs while others needed help. We saw that people were supported to access health appointments and the service regularly liaised with other professionals, such as GP, district nurses or occupational therapist, to ensure that the people had the support they needed. One example we saw the management team contacting the GP where one person had a swollen foot. Another example was the request for delivery of transferring aids for another person. Staff were aware of the action to take if they noticed a person health had deteriorated or became unwell. We saw examples in care records where emergency services had been called as staff were concerned about the health of the person they were caring for. Information about people's health conditions had been recorded in their care plan.

Is the service caring?

Our findings

People were complimentary about the staff. Comments included, "The staff are very nice". "I am happy with the girl that comes to see me". "I have a good relationship with the staff, we get on very well". A relative told us, "I am very pleased with [staff], she is very kind and caring to Mum."

From the care records we sampled we saw people had been encouraged and involved in planning their care and support. People told us that they were happy with the service as the registered manager ensured that the same staff visited them and this promoted consistency for people. The registered manager explained that consistency was a priority when providing care and support to people. People and relatives felt care plans reflected how they wanted the care and support to be delivered.

People and their family members told us that staff were kind, caring and compassionate when attending to them. One person said, "The staff are very friendly." Another person said, "I get on well with the girls and I am very happy with them." People told us staff were caring and listened to them and acted on what they said. We saw a health professional commented that they found the staff had a good relationship with the person using the service and they were very efficient and caring. This was noted during a visit by the health professional when the staff were providing support to the person in their home.

Staff demonstrated a good understanding of the needs and wishes of the people they supported. They had built up relationships with people they cared for and were familiar with their needs. Staff were able to describe people's preferences in relation to their routines, likes and dislikes and the way they liked to be supported. People's personal preferences in relation to their daily support needs had been considered and recorded in their care plans.

We saw people were encouraged to maintain their independence by staff at all times. One staff said, "I always ask people to wash part of their bodies for example their face if they are able to do so." This helped people to develop their independent living skills. People were able to follow their preferred routine, for example what time they liked their showers or bath. People could choose what they liked to wear or to eat or drink.

People told us staff treated with dignity and respect and had their privacy respected. One person said, "The staff always ensured that my privacy is maintained." Another person said, "I am always treated well." Staff described how they would promote and maintain people's dignity such as ensuring that people were covered, doors were closed and curtains drawn when giving personal care. Staff told us they knocked on people's doors and always asked before they provided any personal care to the people they supported. Care plans included instructions for staff to follow when helping people with their personal needs. Staff practices around privacy and dignity were observed during spot checks which were carried out by the management team.

People were provided with information relating to the service they could expect to receive from the registered provider. This outlined the services offered, the complaints procedure and general information.

People's records were kept securely to maintain confidentiality. People told us staff did not speak about other people they visited. Staff were reminded regularly of the importance of maintaining confidentiality and not to talk about people outside of their home.

Is the service responsive?

Our findings

Before the service offered any support or care to people, the registered manager carried out an assessment of needs with the person and/or their relevant others. This ensured the service was able to meet the needs of people they were planning to provide a service to. The information was then used to complete a more detailed care and support plan which provided staff with the information to deliver appropriate care. People and their relatives told us they were involved in the initial assessment of and in planning their care. One relative said, "They came and we discussed all the care needs and support that my relative required, we also agreed on the time of visits during the meeting." We saw that people had signed to indicate they agreed on the contents of the initial assessment.

Care plans contained details of people's routines and information about people's health and support needs for example bathing, mobility support and personal care. They contained an overview of what actions staff would need to take to meet their needs. These included detail about people's preferences, such as what time they liked to go to bed. For example in one care record it was written, "[Person] goes to bed around 09:30pm and will usually have a cup of tea before bed." Another example was, "[Person] has a history of falls and now is bed bound. [Person] requires assistance in all areas of personal care." We saw people and/or their representatives were fully involved in the planning of the care to ensure it met the needs of the person.

We saw that people care plans were reviewed and updated every six months. Any changes were documented to ensure staff continued to meet the person's needs and wishes. The registered manager explained in the event of a person's needs changing prior to this review the support plan would be updated earlier. There were daily records kept for each person to ensure staff had up to date information about people they were caring for.

People were encouraged to pursue their own interests and hobbies to help ensure they were not socially isolated. The registered manager explained that it was very rare that people would request staff to support them with activities however they were willing to assist when needed. Care plans identified people interests and hobbies which enabled staff to provide a personalised service as per the need of the person.

People and their relatives told us if they had any concerns they would speak to the registered manager or someone in the office. They felt their concerns would be taken seriously and would be dealt with accordingly although people did not have any concerns when we asked them. We saw records relating to one complaint that had been received at the service and these had been dealt with appropriately.

We reviewed the registered provider's complaints procedure and saw that the process guided people on how to raise concerns and complaints to the registered provider or to the local ombudsman. It also included the timescales in which the complainant would receive a response. However we noted that the procedure was still quoting our old set of regulations. The registered manager confirmed that they would update this information to ensure it reflected the current regulations.

We saw records of compliments from people and family members thanking staff for the work they had

undertaken to support them or their relatives. One relative wrote, "I just wanted to say thank you for the excellent care you are providing to my mother. Her carer [staff] has been so helpful, patient and kind, and constantly reassured my Mum, who does get very anxious as she is acutely aware of her failing memory. I know all carers do a great job, but feel that [staff] deserves special mention as she is clearly one of the best."

Is the service well-led?

Our findings

People and their relatives told us the registered manager was approachable and felt communication with the office was good. One person said, "The manager is good and always there to help any issues I might have". Another person said, "I can discuss things with her, she is easy to talk to."

The registered manager had a very good understanding of the overall service provided. People and relatives felt the service was managed well. They told us the registered manager was approachable and very supportive. The registered manager had an open door policy regarding communication. The registered manager had a good understanding of their responsibility in line with the Health and Social care Act 2008. They were aware that CQC are required to be informed of specific events by law to ensure people are kept safe and well. There had been no significant incidents that had occurred at the service.

One staff told us, "The manager is very good and is open and honest. However you need to make sure you do your job properly as she is very strict. She does not like you to be late when going to see a client [people] but also very understanding." Another staff said "It is a good place to work, I find the management team very approachable".

The service had regular team meetings for staff and we saw minutes of these meetings. The meetings offered staff an opportunity to share information and to discuss any concerns they might have. Staff understood their role and responsibilities and felt they were supported. They felt the management team listened to their views and ideas.

The registered provider had effective quality assurance systems in place. We saw questionnaires were sent out to people and looked at the most recent returned questionnaires which contained positive comments about the service. Comments included, "The staff are very good.", "I am very happy with the care and support being provided.", and "The staff are very kind and caring." We noted where the registered provider had highlighted any areas where improvements were needed; these were reviewed and addressed appropriately. For example one person had requested a change of staff and this had happened. This demonstrated that the registered provider valued people's opinions and feedback.

There were other ways which people could feedback about their experiences about the service for example by speaking to the staff or by contacting the registered manager or during review meetings.

The registered manager carried out audits which covered a wide range of areas for example medicines, training, supervision and appraisals and care records. Regular spot checks were undertaken in people homes to ensure safe practice. This helped to monitor the quality of the service and to identify how the service could be improved.

We saw that the local authority quality assurance team had recently carried out a monitoring visit and had identified some areas where minor improvement was required and these were being addressed by the registered manager.

The registered provider had a set of policies and procedures for the service. Staff were given copies of the day to day policies and procedures and the rest were available in a folder held within the service. We saw that the policies were reviewed and updated recently however we noted that some of them were still referring to our old standards. The registered manager advised us that all the policies and procedures would be reviewed again as a priority to ensure they had the correct information. All staff were issued with a handbook which contained details about key policies and procedures in order to assist in their roles and responsibilities.

We saw records were stored securely in a locked office when not in use.

The service worked with the wider community and in partnership with other agencies to help ensure people received the care and support they required.