Medacs Health Care Plc

Medacs Healthcare - Manchester

Inspection report

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Ratings

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

Overall summary

We carried out this inspection of Medacs Healthcare - Manchester over two days on 11 and 12 February 2015. On the first day we contacted people using the service by telephone and on the second day we visited the offices. We gave 48 hours' notice of the inspection.

The previous inspection took place on 23 January 2014 when we looked at specific areas relating to information we had received. The inspection before that had been in April 2013. On both these inspections we found the service was meeting legal requirements.

Medacs is a domiciliary care agency providing personal care and other services to people in their own homes.

Summary of findings

The service covers the local authority areas of Manchester City and Trafford. At the date of our inspection the service was providing care to approximately 400 clients in the two local authority areas.

There was a registered manager in post who had taken up her position in June 2014. 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.

We found that most people felt safe with the service provided by Medacs. However some people told us they were unsettled by frequent changes in staff, and by late visits. There had also been a continuing small number of missed visits reported to us by the service. We considered the service needed improvement in this area.

Medacs operated safe recruitment practices and staff were trained in safeguarding.

There was a dedicated trainer employed both to train new recruits and to organise ongoing training for staff. Supervisions took place but there was scope for more annual appraisals to support staff. The registered manager and other staff understood the principles of the Mental Capacity Act 2005 and how to apply it.

People told us that their care workers were caring and respected their dignity and maintained their independence. However, several people told us about aspects of their care which were less satisfactory, which indicated that the service required to improve in this area.

Medacs had a detailed complaints procedure which was available for all clients. We saw evidence that it was usually effective. However, one person reported dissatisfaction with the complaints process. Not all complaints had been dealt with inside the deadline. Most complaints related to late or missed visits, which the registered manager was working to reduce.

People told us that the care workers used the care plans but also actively discussed with them the care they were giving. People had been involved when their care plan was created but were less sure whether they had been involved in reviews.

Most people told us they were pleased with the management of the service. The registered manager was attempting to deal with the problem of high turnover of staff. However, people using the service told us that the response they received from office staff was often poor. A professional working in the community reported similar issues to us. The number of spot checks conducted was low compared with the staff numbers. These areas meant that the service still required improvement, although we acknowledged that progress was being made in these areas.

We saw there was good management structure although new care co-ordinators were needed. Disciplinary issues were handled effectively. Medacs had acquired a good reputation with local authorities for the provision of a reliable service.

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?

Requires Improvement

The service was not safe in all respects.

People were sometimes upset when they did not receive care from regular staff, or when care workers were late or missed visits.

Staff were trained to look out for any signs of abuse and to report them appropriately.

Medacs operated safe recruitment practices to ensure staff were safe to work with vulnerable people in their own homes.

Is the service effective?

Good

The service was effective. Staff were well trained. Medacs had a member of staff assigned to organise and deliver training both to new recruits and on a continuing basis. Supervision of staff took place regularly, although not enough annual appraisals had occurred within the previous year.

The registered manager was familiar with the Mental Capacity Act 2005 and staff understood its application to their work.

Staff were trained in providing appropriate nutritious food when that was part of the care package they were delivering.

Is the service caring?

Requires Improvement

The service was not consistently caring. Clients receiving a service from Medacs generally spoke highly of the care they received. However, some clients told us of care which was not good.

People were encouraged to retain their independence and receive only the help they needed.

People told us that Medacs staff respected their privacy and dignity.

Is the service responsive?

Requires Improvement

The service was not responsive in all respects.

People felt their wishes and preferences were taken into account when care was delivered. However, clients expressed uncertainty about the process of reviewing care files appeared

There was a complaints procedure, but not all complaints were dealt with within the target timeframe. One client stated that they had no confidence in the complaints process. The registered manager demonstrated that lessons were being learnt from complaints, and steps being taken to reduce the major causes of complaints.

Summary of findings

Is the service well-led?

The service was not well led in all respects. Some people told us that when they raised issues with the office they were not dealt with promptly.

There was an effective system of monitoring the quality of the service with a view to delivering improvement. However, there had not been a sufficient number of spot checks.

The registered manager had identified that high staff turnover was a cause of the most frequent complaints, and was seeking ways to address the issue. There was a firm approach to disciplinary issues. Medacs had a good relationship with the local authorities it served.

Requires Improvement

Medacs Healthcare - Manchester

Detailed findings

Background to this inspection

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

The inspection took place on 11 and 12 February 2015. We gave 48 hours' notice of the inspection. This was because we wanted to contact by telephone a sample of the people who received care from the agency and we needed the agency to contact the people we chose, to let them know we would be calling them.

The inspection was led by an adult social care inspector. A bank inspector made the telephone calls on 11 February 2015. The bank inspector had experience of this type of domiciliary care service.

Prior to the inspection we reviewed the information we had gathered about the service, including the 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. We reviewed the results of a questionnaire that we had sent out to 12 people using the service in December 2014. Four questionnaires had been returned.

Before and after the inspection we spoke to commissioners in both Trafford and Manchester and to the contracts officer of Manchester City Council responsible for Medacs. We also contacted a senior practitioner in the Community Social Work Team of Trafford Council.

The bank inspector spoke by telephone to 11 people who received care visits from Medacs, and/or their relatives, and asked them about the quality of the care they were receiving. On the day of the inspection we spoke with the registered manager, a compliance manager of the provider, the training co-ordinator, three care workers and a care co-ordinator.

We looked at five care files and three recruitment files relating to the people employed most recently by the service. We obtained copies of documents including the "care worker code of practice", which was a detailed manual for the staff.

Requires Improvement

Is the service safe?

Our findings

We talked with 11 people and/or their relatives about the care they received from Medacs. People told us they were comfortable with the care workers. One person said: "I feel safe with the care staff they send to me." People told us that they felt confident that the staff were honest and kind and that if staff did do or say anything that gave them concerns they would have no hesitation in reporting this to the office staff or another carer or a member of their family.

People's main concern was that their care workers often changed, or they saw a large number of different care workers. People preferred to have regular carers as this made them feel more secure. One questionnaire that we received immediately prior to the inspection stated:

"I would feel less stressed if I had consistent carers come to help me be independent, but I seldom see the same staff…I am anxious as I never know what strange carer is calling to look after me from day to day. I feel the company are not aware of the effect of unfamiliar people coming into my home daily. I do not have regular carers day to day."

Another person told us:

"Mostly I have the same carer but when they are off I never know who is turning up. I have asked them to send me a rota every week so I know who's coming, but they have not answered me. I want to know who is coming, but they don't care. I want to know who it is because if it's not a regular I am not as confident with a new one."

Other people told us that when they had raised a concern about too many different care workers visiting them there had been some effort by the agency to address this. The registered manager told us that reducing the number of care workers that would visit a client was a top priority. The intention was that if a client received four calls a day, they would see a maximum of four different care workers in a week. Similarly if the calls were 'double' calls, i.e. with two care workers, then the maximum would be eight different carers in one week. Once implemented this plan would create stability, reassure clients and enable care workers to get to know their clients better.

Some people told us they were upset when their care worker arrived late. One person said:

"Sometimes the staff are late, for example, my call can be up to one hour and fifteen minutes late. They always have an excuse, I suppose I have got used to it now". Another person said: "At the moment some turn up on time, some don't, but the office tell me sometimes if they are going to be late, sometimes they don't."

Another person said there was a problem with communication when care workers were going to be late: "The biggest problem is that they are a bit hit and miss as to what time they arrive. Some staff are really courteous and they let the office know, but then it's the office who let them down and don't phone us. Timings are such a problem."

The care worker code of practice stated that whenever a care worker was running more than 15 minutes late they must notify the office immediately so that the office could contact the client or their family. We asked staff about their rotas and about arriving on time for visits. They told us they understood the importance of arriving on time, and that it was easier if they had a regular run (i.e. sequence of visits). They told us that late calls were a particular problem if the client required medication at set times or a specific gap between different doses. One care worker told us that travel time between calls was built into their rota, but another said this was not the case for them. This person added that calls started at 7am, the same time as the office opened. This meant that if someone called in sick first thing in the morning, the office had no time to arrange an alternative care worker for the first call of the day. We discussed this with the registered manager, who told us that upgraded computer systems were to be introduced in May 2015 which would enable the managers to monitor the service more closely, ensuring that all necessary and corrective actions would be taken immediately, in terms of missed and late visits in particular. She added that sickness and turnover of staff had been a problem, but that recruitment of senior care workers and co-ordinators would improve the ability to provide cover.

There had been a problem of missed calls, which were always reported to the relevant local authority. One community professional had written to us prior to this inspection stating: "Medacs have recently had a period of missed visits…due to staff sickness, holidays and lack of recruitment." A missed call occurs when the care worker fails to arrive for their scheduled visit. Following a concern about the level of missed calls at the previous inspection we had requested the registered manager to report to us each month the number of missed calls, which she had

Is the service safe?

done. The average number of missed calls per month had been decreasing. In most cases the local authority decided that these missed calls required no further investigation, on the basis they had not resulted in harm to the individual concerned. However, Medacs conducted their own investigation in each case of a missed call. The manager had reported to us that disciplinary action had been taken in some cases. In this way action was taken to reduce the number of missed calls and to protect people's safety.

Where there had been a missed call or a series of missed calls, or where the timing of the call was critical (for example, to prompt or administer medication), electronic monitoring was used. This was a system which alerted the office if a care worker was either 15, 30 or 60 minutes late for their visit (depending on the setting). It also recorded the time of all visits as care workers had to use the client's telephone to register their arrival and departure. One person told us they were unhappy with their telephone being used in this way, even though it was a free call: "I do have an issue about the carers using my phone to check in, I would prefer them not to." The registered manager told us that if a client did not want their telephone to be used, the care worker would not use it – the policy was not being followed for the person who spoke to us.

We acknowledged that Medacs were addressing the issues of lack of continuity of care workers, of late calls and of missed calls. However, we considered the evidence that these problems caused distress for clients. We concluded that the service required improvement in these areas.

We checked the recruitment records of the three most recently recruited care workers. Each file had a checklist of necessary documents that had been provided by the job candidate. These included proof of identity, a 'registration form' (in other words an application form) and information about any gaps in working history. The checklist was ticked to record that these documents were on file. There was a record that a check had been made with the Disclosure and Barring Service (DBS) as to whether the person had any criminal convictions or cautions recorded. In addition on each file were recorded the candidate's answers to interview questions, and references from previous employers. In one case the job candidate had not had paid employment for many years, and so supplied an explanation of their family circumstances. They did not offer references from past employers but could supply two character references.

All the staff we spoke with confirmed they had gone through a formal recruitment process that included an interview and pre-employment checks of references. We were satisfied that Medacs was operating an effective system to ensure, so far as possible, that only suitable staff were employed to provide care to people in their own homes.

We asked four staff about their understanding of keeping people safe and how to act if they had any concerns that someone might be being abused. They were aware of the different types of abuse and the signs that could indicate that abuse had occurred, such as bruises or changes in people's behaviour. Staff were aware of their responsibilities towards people and were clear how they would act on any concerns. They were confident that after they reported concerns to their care co-ordinator or the registered manager, they would take any action needed to make sure people were safe. The staff told us and a check of the training records confirmed that staff were trained in safeguarding adults, both as part of their induction and on an ongoing basis. Staff also received training in managing and where necessary administering medicines.

We looked at five care files which confirmed that Medacs had risk management systems in place. These were individualised, addressing each person's needs and wishes. For example Medacs was providing 24 hour care to a few clients who needed a care worker to be present all the time. Their care files were detailed, describing their needs and what to do if certain events happened. The care co-ordinator told us that the risks to staff of working in such a high-pressured environment were also monitored, and they received specialised training, more regular supervision than other staff and also counselling. In these ways risks to both the client and the staff were managed. Policies to keep people safe were in place to ensure staff provided care in a way that did not compromise people's rights. Records confirmed that risks were reviewed regularly and updated when people's needs changed.

We knew from our records that a number of safeguarding concerns had been reported to CQC during the preceding 12 months. These had been reported to us by the registered manager or a care co-ordinator, and in some cases also by Trafford Council. The level of reporting demonstrated to us that the management understood their duty to report allegations of abuse or incidents where abuse might have occurred.

Good

Is the service effective?

Our findings

One client told us: "I am very comfortable with the staff and I feel that they know what they are doing. They seem very well trained." Another person said: "When the girls visit, I feel they know what they are doing. I have confidence in them. I feel we have all built up a good friendship together."

There was however one relative who expressed a concern to us about a specific care need of their family member: she told us that she felt that some staff were not as well trained as others and she had noticed this when it came to supporting her family member with catheter care: "I once had to tell the girl myself how to do it." This person went on to say that overall this was a good service and that most of the care workers were good. We encouraged this relative to report their concerns to the management, which they had not yet done.

We discussed the induction of care workers with the person responsible for organising and delivering training for new recruits. Their job title was "Trainer". All new recruits attended an intensive three day induction course. We saw the handbook and work programme for this course. It included all the basic knowledge and skills required of a domiciliary care worker, including person centred care, safe administration of medication, basic life support and moving and handling. The handbook was well written and accessible. Each section of the course involved tests of understanding including questions based on hypothetical examples. At the end of each section was an exam paper with a minimum pass mark. For medication the pass mark was set at 90%. This showed that Medacs were committed to ensuring new recruits had the correct level of knowledge before they were allowed to work with clients.

We saw a sample of training evaluation forms which had been completed by new recruits who had recently completed their induction. They were asked to evaluate the training they had received. The Trainer explained that their comments were used to improve future induction courses. One person had written: "The trainer was engaging throughout and explained each subject at a level that was understandable." Another person wrote: "Really satisfied about all I learnt." The new staff were also asked their views about the whole recruitment process. This allowed new staff to contribute to possible improvements in the process.

New staff were given 'shadowing' shifts in which they accompanied established workers. Their performance on these shifts was assessed by senior staff and they were required to achieve a defined degree of competency. The criteria of the competence assessment included punctuality, appearance, treating clients with respect, communication skills, moving and handling and knowledge of safeguarding and of specific conditions such as dementia.

The Trainer was also responsible for ongoing training and assessment. We saw the 2014 training matrix which recorded all training received by staff. There were one or two gaps; for example 61 staff were overdue a refresher in first aid training. The Trainer told us steps were being taken to remedy this. Staff were invited into the office to attend training sessions and received reminders about this on their weekly rota and on the Friday before the training was due.

The Trainer told us that e-learning was being introduced in all subjects except moving and handling, medication and emergency first aid, where face to face training was required. One member of staff told us that e-learning was not always as easy to recall as training that had been delivered in a classroom.

It was stated in the PIR that all the care workers had a named person who provided them with regular supervision. Care workers we spoke to confirmed this to be the case, and that they had supervision every six months. One member of staff told us that the supervision sessions were very helpful, and allowed them to discuss all their work-related issues. Sometimes the supervision took the form of a spot check, when their supervisor would come out and observe a care visit taking place. The PIR also stated that only 26 care workers (a small proportion) who had been employed more than two years had received an annual appraisal within the last 12 months. The registered manager acknowledged to us that this was not ideal and was due to lack of senior staff, but she was hoping that the recruitment of more care co-coordinators would help improve that statistic, as they would be able to deliver appraisals

People had signed their care plans, when they could, to indicate that they consented to the care being given. The

code of practice stated that it was essential on each visit for care workers to give clients the opportunity to decide and give consent to everything they were doing including personal care.

The registered manager was knowledgeable about the Mental Capacity Act 2005 (the Act) and its Code of Practice. She knew how to ensure that the rights of people who were not able to make or to communicate their own decisions were protected. Staff we spoke with had a broad

understanding of the Act's provisions and how it affected the people they provided a service to. They were aware of how and when assessments would be conducted of people's mental capacity to make day to day decisions about their lifestyle.

Preparation of food was an element of many of the care visits that Medacs undertook. It was not feasible during this inspection to observe individual care visits in order to assess the quality of the food provided. However, we learnt that safe and hygienic preparation of food was taken very seriously by the service.

One of the criteria on the shadowing assessment for new recruits was: "The care worker always demonstrates good food hygiene and prepares meals safely at all times." Another was: "The care worker checks the care plan and has excellent knowledge of nutrition and dietary requirements and offers advice on improving diet. The care worker records all food and drinks given on every visit." The registered manager made it clear that these were the expectations of all staff when delivering care packages that included the preparation or serving of food.

If clients were identified as being at risk of malnutrition or dehydration the service had food and fluid charts that could be used to monitor their intake. Staff we spoke with were aware of these documents and said they would ensure they were completed for people at risk, and would report any concerns to the office so action could be taken to address them. We saw examples of these completed forms on care files.

Care records we viewed included information about people's medical conditions, so staff were aware of these and would take them into consideration when providing care. Care workers told us they read the care records and noted any changes in a person's condition. They said that the service would liaise with the GP or other medical professionals in order to ensure that their client's health needs were met. Body maps were completed if any abrasions on the skin became visible, and brought into the office so that relevant professionals could be contacted.

Requires Improvement

Is the service caring?

Our findings

When we spoke with clients over the telephone we asked them about the care they were receiving from Medacs. The responses were mainly positive. One person said: "The staff are so lovely and so caring. There is nothing I can say against what they do, the staff listen to me without exception." Another person said: "The service is fantastic, the staff are very friendly and helpful. I get regular carers in the morning." They added: "Although the staff are variable in the evening, they are still very good and very respectful." Someone else told us they were happy with the care provided, they had a friendly relationship with the care workers who were very nice to them.

One person stated they were very satisfied with the care and support. They added that the care staff treated them very well. They said the care workers always turned up on time.

Another person said that the care workers varied: "I need help to manage my personal care and I really appreciate the help. Some carers seem more efficient than others. The good staff are the ones that really listen to how I want to be cared for and do what I ask. As I say, some are better than others. It may be that some are better trained, or it could be that they are just more caring."

Most of the people we spoke with described the staff as polite and courteous. However, one person raised some concerns about the way that two care workers spoke over her while providing personal care:

"One thing I don't like is that some staff (because they always come in two's) talk to each other and forget that I am here. Not all of them, there's just one or two. I think it's the ones that are friends with each other." However, this person added that: "Overall, I am quite pleased with the care. The office staff have been to check on me and ask me if I am happy with the service."

Most of the people we spoke with including their relatives told us that the care workers respected people's privacy and dignity. One person told us: The majority of the carers are really caring. I have a lot of respect for them. They are always doing their best. They have worked hard at getting to know me. They help me in keeping private, when I am getting care they close the blind and lock the door."

One person was less happy, and had commented about the staff in a questionnaire: "Some are untrained and I have to tell them what to do, also I am left unattended whilst in the shower having a wash, I am afraid I will fall again." The person had commented anonymously so we were unable to ask the registered manager about this person's care.

We considered that this comment, and the comment made about staff talking to each other and not the client, showed that care was not always of a high standard, and that there was room for improvement.

The registered manager told us that they were recruiting additional senior care workers and care co-ordinators with a view to providing more frequent spot checks and supervision in order to identify any learning needs among staff.

One care worker told us they enjoyed their work and got on really well with the clients. They said: "They want me to stay longer." Another care worker said they got job satisfaction from seeing some people improve and become more independent. We learnt that one client had previously needed a hoist but was now able to use a turntable device for transfers (this is a device the person can stand on and be rotated). The care worker added: "A little help goes a long way."

The agency supported people to maintain their independence. Prior to commencing a service the manager or a care co-ordinator met with the person and any family members. They identified with the person what they could do for themselves and what they needed staff to support them with. They also identified any risks for that person and how to reduce them.

Requires Improvement

Is the service responsive?

Our findings

One person told us: "I have never had a complaint but I would feel confident in raising a concern if I had one. I have never had a visit to check how things are going." Someone else said: "I do feel in control and the staff are good at listening and they listen if I want to change anything."

One person was less positive: "Some carers are good but if you give them a message or an instruction they just don't act on it. It's a waste of time complaining, I think it's the office that are disorganised, well that's what I think anyway."

Medacs Healthcare - Manchester set out its procedure for dealing with complaints in the Service User Guide which was placed in each client's care file. The procedure provided that formal complaints could be submitted either in writing or over the telephone. The procedure stated that clients and their families were actively encouraged to raise any concerns they might have.

Within the last 12 months Medacs had received 13 formal complaints which they had dealt with under their complaints procedure. 11 of these had been resolved within the 28 days set out as a target in the procedure. The registered manager stated in the PIR that the themes from the complaints over the last 12 months had been around late visits, missed visits, changes in regular workers, and continuity of care workers. She stated measures that were being taken to improve staff continuity in response to these complaints.

We asked people in questionnaires and over the telephone whether they had any experience of making a complaint and if not whether they knew how to make one. Very few questionnaires were returned, but the four people who did return one all stated that they knew how to make a complaint if necessary.

The comment by one client that it was a waste of time complaining, and the fact that not all complaints had been dealt with by the deadline in the complaints procedure meant there was room for improvement in this area.

It was recorded on one person's care file that they had stated they did not want visits from a particular care worker, without giving a reason. That care worker had been replaced without a difficulty. This showed that this person's wishes had been carried out, even if they did not have a stated reason for their preference.

Similarly another person said: "The staff have listened to me about a few things with carers and made sure the people fit in with me. They know I don't like men and there are no men that visit me."

Another person said: "I do feel in control and the staff are good at listening and they listen if I want to change anything….The staff from the office come and see me every so often to ask if I am happy with the care."

All of the people told us that they felt that they were in control of their care and that they could express how they wanted their care and support to be delivered. Many people told us that the care staff listened to them and responded appropriately, for example one person told us that even though staff knew what she needed, they still consulted with her daily to check how she wanted to be supported. Someone told us about a visit from office staff: "Two or three weeks ago the office staff, well one of them, came to see me to check if I was happy with the carers."

All the clients we spoke with knew they had a care plan, but most said they didn't really look at it. They knew that staff could look in it if they had to check what the care package included and to record their visits. One person told us of a specific occasion when a new member of staff made sure she read the care plan on arrival at the home.

Most people could not remember the setting up of the care plan except one person who told us that someone from the office spent a full afternoon to discuss the care and support they could offer and ask her what support she felt she needed.

We looked at five care files and saw that the care plan focussed on people's individual needs and their history. In one case it included a detailed psychological report on the person, which would enable the care workers to gain a good understanding of the client, although it was quite technical and perhaps required to be explained.

The care file included a personal support plan which described the care that was to be delivered on each visit in detail. This would help ensure that care workers, including any new worker, would know exactly what to do to support each client. The care worker code of practice instructed

Requires Improvement

Is the service responsive?

that care workers should check the personal support plan on every visit. The file included a "service user monitoring monthly check" which asked, among other questions, "Do you know your care worker? Is it usually the same one?" These questions provided information to enable the office staff to respond if any client was unhappy about an aspect of their care.

Each file also included a daily support record which enabled care workers to record events for the next care worker to see. These records were brought back to the office periodically to be checked.

There were mixed views and opinions from people as to whether their care package was formally reviewed. Approximately 50% stated that they had received a visit from senior or office staff to check if they were happy with the care and support they were receiving.

A senior practitioner in the Community Social Work Team of Trafford Council had raised a concern with us prior to the inspection about a care package which had started at very short notice, when the initial care plan and risk assessments had not been completed prior to the care being delivered. This might have meant that risks were not addressed and the quality of the care reduced. The senior practitioner acknowledged that when a care package commences urgently for example on a hospital discharge there is not much time to complete the necessary planning. Nevertheless they added that Medacs had co-operated in amending commissioning documents to ensure that care plans and risk assessments, including a moving and handling risk assessment, were completed at the earliest opportunity in order to maintain high standards of care. This showed that Medacs had responded constructively to the issue raised.

Requires Improvement

Is the service well-led?

Our findings

One person who was receiving care from Medacs said: "This is an excellent service." Another person, who referred to the familiar problem of lack of continuity with carers, was full of praise for the way the management had sorted out their problem: "For a long time we had different carers, some were absolutely marvellous, but we made our concerns known and when we did they sorted it out for us and now we have four regular carers." Another person said: "The office contact me regularly to check if I am happy with the staff and the care and help I get."

These and other comments made by clients indicated a culture of being open to clients' needs and where possible accommodating their wishes. This was not a universally held opinion. One person told us: "There is only one problem with this service and it's the office. If you ring them they never get back to you."

Prior to the inspection we received feedback from a community professional, who wrote: "Medacs have recently had a period of missed visits, safeguardings and complaints due to staff sickness, holidays and lack of recruitment…The feedback from the service users is that the carers are all very good but given far too much work. General feedback for the office staff has been poor and lack of response to complaints and concerns has been identified."

This feedback contrasted with the view of the contracts officer of Manchester City Council, who told us: "They (Medacs) are very proactive and hands-on when dealing with any issues, they will contact customers straight away and visit immediately if needed so any niggles tend to be nipped in the bud before they become problems, which I suspect is why I don't get many complaints about them."

The registered manager told us in the PIR and during the inspection that Medacs were seeking to address issues and criticisms such as those raised by the community professional by recruiting more senior case workers and care co-ordinators.

We asked the registered manager what the systems were for checking on the quality of the service and for delivering improvement. She supplied a list of ten strategies for monitoring and improving the quality of the service. These included regular spot checks of care workers making home visits. She told us that 175 such spot checks had taken place within the last 12 months. The results of these spot checks were kept on the individual care files and were also discussed with the care workers at supervisions. Given that there were approximately 150 care workers at the time of our visit this was not a particularly high number of spot checks, as it meant each care worker would have received on average one spot check a year. However, the registered manager explained that one aim of recruiting more care co-ordinators and senior quality assessors was to introduce more spot checks.

The Commissioning and Service Development of Trafford Council conducted periodic spot checks in addition to those carried out by Medacs themselves. We received a copy of the questionnaire that was used by the council officers, which was thorough and would assist in identifying areas for improvement.

Other strategies for delivering improvement focussed on improving training, and on ensuring all feedback from both clients and care workers would be documented and acted on.

One issue identified by the registered manager was the high rate of staff turnover. It was recorded in the PIR that 225 staff had started within the last 12 months, but 155 staff had left within the same period. Among those who left about a quarter had cited the rate of pay as their reason for leaving. Medacs was running a scheme of continuous recruitment.

It was clear that the problem of a lack of regular carers, identified elsewhere in this report, was exacerbated by the high staff turnover. It was also clear that the management were aware of the cause and were seeking to address it.

The registered manager conducted regular audits of both clients' files and care workers' files. We saw evidence that these took place. In addition the compliance manager of Medacs Healthcare made checks of a small number of files periodically, at least twice a year.

We knew from notifications received during the preceding year that Medacs had effective disciplinary procedures when dealing with missed calls and other failings by staff. We learnt at the inspection that a staff member who had acted improperly had received a final written warning and had then resigned. This showed that the registered manager was prepared to act firmly in order to maintain standards. In a second case a care worker went through the disciplinary process and was required to attend remedial

Requires Improvement

Is the service well-led?

training. In a third case a care worker had been dismissed following a safeguarding investigation. Their details had been passed to the Disclosure and Barring Service. In this instance the notification sent to the CQC had been incomplete as it lacked detail, and we raised this with the registered manager.

One care worker told us that Medacs was a good employer. "They are receptive and try to solve issues you bring them." There were regular 'patch' meetings in which staff who worked in a particular area could get together and share experiences and ideas for improvement. There was an annual survey of clients. The service user guide sated that the results from this survey were routinely forwarded to the CQC, although this had not happened recently at a local level.

Medacs had a good relationship with the local authorities, in terms of usually being available to take on a new client even at short notice. One of the local authorities reported to us all cases of missed visits which had come to their attention, but in most cases decided no harm had come to the client. They told us that Medacs were open in their dealings with them, and demonstrated a constant willingness to improve.

Nevertheless, we considered that the problems relayed to us by the community professional, and the inadequate number of spot checks, showed that there was still room to improve, although we acknowledged that the registered manager was already pursuing strategies to deal with the underlying causes.