

Medacs Healthcare PLC

# Medacs Healthcare

## 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

Medacs Healthcare is a domiciliary care agency providing personal care to 48 people in the Poynton area of Stockport. Not everyone who used the service received personal care. The Care Quality Commission (CQC) only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

People were appropriately and effectively assessed from the outset. The care and support people received was tailored around their support needs and was regularly reviewed.

People's level of risk was determined, and support measures were put in place to ensure people received the most appropriate level of care.

Safeguarding and whistleblowing procedures were in place. Staff received training in this area of care and understood the importance of keeping people safe. The provider submitted all necessary safeguarding incidents to the Local Authority and CQC accordingly.

People received safe medication support. Care records indicated the level of support people required and how medication support needed to be provided. Medication audits were regularly completed, and staff received the necessary training.

Staff told us they received daily support from the registered manager; one to one supervision and appraisals were scheduled and completed. Safe recruitment procedures were in place. People received support from staff who had been appropriately and safely recruited.

Staffing levels were monitored. Staff told us there were enough staff to provide the level of care people needed. A quality monitoring telephone meeting was scheduled on a weekly basis; the registered and senior managers discussed areas such as staffing levels, vacancies and recruitment.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Care records contained specific detail about the people who were receiving support. Staff also told us that they were able to provide care and support to people they had developed relationships with and knew their likes, wishes and preferences.

There was an up to date complaints policy in place. People and their relatives were provided with a 'Service User' guide which contained information about the complaint procedure and how complaints would be responded to and managed.

People and staff were encouraged to share their views and suggestions in relation to the provision of care provided. 'Monitoring' visits were scheduled, quality questionnaires were circulated and regular team (patch) meetings were arranged.

Effective governance systems were in place. The registered manager maintained a good level of oversight in relation to the quality and safety of care being provided. New digital quality performance systems enabled the registered manager to review and analyse the quality of care people received as well as establishing areas of strength and improvement.

#### Rating at last inspection

This service was registered with us on 21 January 2019 and this is the first inspection.

#### Why we inspected

This was a planned inspection based on CQC's inspection schedule.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Medacs Healthcare

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

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

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider and manager would be in the office to support the inspection.

Inspection activity started on 13 January and ended on 16 January 2020. We visited the office location on 13 January 2020 and made telephone calls to people and relatives on 14 and 16 January 2020.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was also asked to complete a provider information return prior to this inspection. This gives some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and used all of this information to plan our inspection.

During the inspection

We spoke with six people who were receiving care and four relatives about their experience of the care provided. We spoke with four members of staff as well as the registered manager and quality assurance officer.

We reviewed a range of records during the inspection. We checked five care records of people who were receiving personal care, four staff personnel files and other records relating to the management of the service including policies and procedures and quality assurance processes.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At this inspection this key question was rated 'good'. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- People's support needs and areas of risk were appropriately assessed. Safe and effective support measures were put in place as a measure of keeping people safe.
- Care records contained correct and up to date information for staff to consult and familiarise themselves with.
- People's areas of risk were regularly reviewed; support measures were routinely updated or adapted in line with the support people needed.
- People and their relatives told us that the care and support being provided was tailored, person-centred and focused on the individual.
- Staff told us the risk assessments enabled them to provide the most consistent level of care.

### Staffing and recruitment

- Staffing levels were routinely monitored. Staff told us that there were enough staff to provide the care and support people needed.
- The registered manager maintained a good level of oversight in relation to the area of 'staffing'; she was able to monitor all support visits, ensuring staff were arriving on time and staying for the duration required.
- The provider ensured that safe recruitment procedures were in place. Appropriate pre-employment checks were carried out and people received care and support from staff who had been appropriately and safely recruited.

### Using medicines safely

- Safe medication processes and procedures were in place; people received care and support in relation to their medication support needs.
- All staff received the relevant medication training and routinely had their competency levels checked.
- People's care records contained important 'medication' information. Support measures and areas of risk were clearly recorded.
- Medication audits were routinely carried out. Audits enabled the registered manager to establish areas of good practice but also areas of development.

### Systems and processes to safeguard people from the risk of abuse

- Effective safeguarding and whistleblowing procedures were in place.
- Staff received safeguarding training. Staff told us they were familiar with safeguarding reporting and recording procedures that needed to be followed.
- All six people we spoke with told us they felt safe.

### Preventing and controlling infection

- Staff were provided with personal protective equipment (PPE); PPE helped to prevent the spread of infection. One member of staff told us, "There's always stuff (PPE) available."

### Learning lessons when things go wrong

- There was an accident and incident reporting procedure in place.
- Accident and incidents were monitored, and trends were established to reduce risk.
- At the time of the inspection, the registered manager was in the process of trialling a new (digital) monitoring system in people's homes with a view of mitigating and managing identified risk.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At this inspection this key question was rated 'good.' This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- All new members of staff were thoroughly inducted, trained, supported with 'shadow' induction sessions with more experienced members of staff and received one to one support sessions.
- Staff told us they were fully supported to enhance and develop their skills. Training records indicated that all staff had completed all necessary mandatory and refresher training. One staff member said, "There is always training available if you need it."
- Staff received day to day support and also told us that regular supervision and annual appraisals were routinely scheduled.
- People and relatives were asked if the staff had the right level of training to provide the support that was needed. One person said, "Yes, I think so." One relative said, "Yes, they are very good."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's support needs were appropriately assessed before any care and support was provided.
- Initial assessment information helped to develop people's care plans, risk assessments and provided staff with important information about the tailored level of care required.
- All aspects of people's health and well-being was assessed. For instance, the initial assessment established details about people's oral hygiene, communication support needs and religious beliefs.

Supporting people to eat and drink enough to maintain a balanced diet

- People received the necessary nutrition and hydration support. Care plans indicated what support measures needed to be followed and any risks that needed to be monitored and managed.
- Care records contained dietary information for staff to familiarise themselves with as well as people's likes and preferences. For instance, one care record stated, 'I like cheese and biscuits, sandwiches, soup and poached eggs.'

Ensuring consent to care and treatment in line with law and guidance

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 that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an

application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

- People were supported and encouraged to make decisions about the care and support they needed.
- The provider ensured that consent to care and treatment was established; care records confirmed this. All six people confirmed that staff asked for their consent before providing any personal care.
- People were not unlawfully restricted. In one instance, we saw that bed rails were in place as a measure of safety. The person had been involved in this decision and provided consent for them to be in use.
- The care records we checked indicated that people were supported to make decisions, encouraged to remain as independent as possible and were regularly involved in reviews surrounding the care they received.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The provider worked in collaboration with other healthcare professionals as a way of ensuring people received a holistic level of care.
- People's care plans contained all the relevant guidance and support that staff needed to follow.
- People's overall health and well-being was routinely monitored and the necessary support measures were adapted as and when necessary.
- People confirmed that other healthcare professionals were involved in their care, when required.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At this inspection this key question was rated 'good.' This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were asked if staff treated them with kindness. Comments we received included, "They are very kind", "Oh yes they are, without exception and without a doubt" and "Very, they are always kind and polite to me." One relative also said, "Yes, they are kind. yeah they do respect him."
- Assessment paperwork established people's equality and diversity support needs and how these needed to be managed.
- One member of staff said, "It's such a caring company."

Supporting people to express their views and be involved in making decisions about their care

- Care plans and quality monitoring tools indicated that people were involved in the care they received. For instance, care records contained tailored information such as, 'I like to do as much as I can independently' and 'I don't like to feel you're rushing me.'
- Quality monitoring visits ensured that there were open discussions with people about the quality and safety of care they received and if any improvements or amendments needed to be made.
- All quality questionnaires were reviewed, and suggestions were considered.

Respecting and promoting people's privacy, dignity and independence

- Care records contained people's 'goals and outcomes'; people had the opportunity to express how they wished to be treated. One care record stated, 'To be treated with dignity and respect.'
- Staff told us how they respected people's privacy and dignity by asking permission before providing care and involving people as much as possible. One staff member told us, "Make sure people are making choices, it's about them, respecting their views."
- People were encouraged to do as much for themselves as possible. Care records contained information such as, 'I am very independent and like to do as much for myself as possible' and '[Person] likes to do as much for themselves as possible.'

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At this inspection this key question was rated 'good' This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received person-centred care that was tailored around their individual support needs. People told us they felt staff knew them well.
- Care records contained a good amount of person-centred information which enabled staff to provide care and support that was centred around people's likes, wishes and preferences.
- Care records contained 'service user' profiles, 'how best to support me', information and personal support and care plans. This level of information enabled staff to develop good relationships with the people they were supporting. One member of staff said, "I see the same [people] most of the time, the thing here is you can build up relationships and get to know them."
- People were regularly involved in care reviews, they had the opportunity to share their views and support measures were tailored around their needs and preferences.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication support needs were assessed from the outset.
- Initial assessment paperwork established the level of support that people needed and how staff needed to provide this support. For instance, one care record stated, 'I sometimes struggle to find words, please give me time to think of the word - it will come.'
- There was an up to date AIS policy in place; people received support in this area of care as and when it was needed.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People's lifestyle and social support needs were assessed and established from the outset.
- Staff told us they were able to build positive relationships with the people they supported; support visits helped with aspects of social isolation for some people.
- It was clear that family members were actively involved in the care and support people needed, this helped to maintain positive relationships between people, family members and Medacs Healthcare staff members.

Improving care quality in response to complaints or concerns

- The registered provider had an up to date complaints policy in place.
- People received complaint process information and told us they knew how to make a complaint if they ever needed to.
- Two complaints were submitted in 2019; these were responded to and managed in line with company policy.

End of life care and support

- At the time of the inspection, nobody was receiving 'end of life' care. However, Medacs Healthcare staff had access to end of life training.
- There was an 'end of life' policy and staff understood the importance of providing dignified end of life care that was tailored around people's wishes and preferences.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At this inspection this key question was rated 'good'. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; continuous learning and improving care.

- A variety of effective quality assurance measures were in place. Quality assurance measures ensured the quality and safety of care was continuously monitored and improved upon.
- Routine audits and checks were completed on the provision of care people received. For instance, we saw audits and performance monitoring tools in place for medication, staff performance, training and care records.
- A new digital performance monitoring system enabled the registered manager to seek assurances that people were receiving safe, timely and effective care. For instance, staff were expected to record the time they arrived at the persons home, record personal care that was provided, any concerns and the time the support visit ended.
- There was a dedicated quality assurance officer who supported the service. They told us, "Day to day things can get missed, but things are identified and followed up."
- Staff and managers were clear about their roles and understood the importance of providing person-centred care. One staff member told us, "[The care] is excellent, all carers are really good, [people] are made to feel special."
- The registered manager was aware of their regulatory responsibilities; statutory notification were submitted to CQC in a timely manner.
- Accidents and incidents were appropriately recorded; measures were in place to review trends and establish if risk could be further mitigated.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people.

- People received person-centred care that was tailored around their individual support needs.
- People were supported to remain as independent as possible as well as being involved and included in the provision of care they needed.
- People told us, "They [staff] are very friendly and they are interested in me" and "[Staff are] trustworthy and friendly."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of their duty of candour responsibilities and endeavoured to maintain open, honest and transparent relationships with people receiving support and their relatives.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Quality assurance questionnaires were circulated and feedback was considered and followed up on. Feedback we reviewed from recent surveys included, 'I am very satisfied with everyone [staff]' and 'I am very happy with the service I receive.'
- Newsletters and guidance information sheets were circulated to staff about different aspects of care being delivered. People and relatives also received regular correspondence in relation to the care people received.
- Staff told us they felt valued and included in the delivery of care. Staff members told us, "I definitely feel valued, [manager] is very nice and supportive" and "I feel valued and appreciated yes."
- The registered manager worked closely with the local authority (LA) as a measure of improving the quality and safety of care being provided. For instance, the LA had identified a number of improvements that needed to be followed up on. The registered manager was responsive and all actions had been actioned by the time the LA returned for their quality monitoring visit.