

Macrita Ltd

# Macrita Healthcare - Main Office

## Inspection report

Aztec Centre  
Aztec West, Almondsbury  
Bristol  
BS32 4TD

Tel: 01173361135

Date of inspection visit:  
17 November 2022

Date of publication:  
20 December 2022

## Ratings

Overall rating for this service

Good ●

Is the service safe?

**Requires Improvement** ●

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

### About the service

Macrita Healthcare is a domiciliary care agency providing personal care and support to people in their own homes. At the time of our inspection one person was receiving personal care.

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

People received good care from staff who knew them well and understood their individual needs. People were involved in planning their own care and giving their views and opinions. People were treated with dignity and respect.

People were protected because staff were trained in safeguarding and able to identify and report concerns. There were recruitment procedures in place and appropriate checks to ensure that staff were suitable for their role. Staff understood the risks associated with the person's care as they worked closely with them on a regular basis. However, some improvement in care planning and risk assessment documentation was necessary. There were sufficient numbers of staff to ensure the person's care needs were met.

Staff received training to support them in their roles. Supervisions and appraisals were used to monitor staff performance and development needs.

The person was 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.

There were staff in place to support the registered manager in their role. Systems were in place to support the running of the service, such as monitoring visits, ensuring they were taking place as expected and the recording of accidents and incidents.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

This service was registered with us on 23 September 2021 and this is the first inspection.

### Why we inspected

We inspected the service in order to provide a rating.

### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** 

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** 

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** 

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** 

### Is the service well-led?

The service was well-led.

Details are in our well led findings below.

**Good** 

# Macrita Healthcare - Main Office

## **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 Health and Social Care Act 2008.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

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

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

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

We visited the location's office on 17 November 2022.

#### What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We reviewed all other information we held about the service.

#### During the inspection

The registered manager wasn't available during the inspection, however we spoke with the Director of the company and two staff providing care. We sought feedback from healthcare professionals. We weren't able to speak directly with the person receiving care, though we did review feedback they had given the provider shortly before the inspection.

# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated requires improvement. This meant not all aspects of the service were safe.

### Assessing risk, safety monitoring and management

- Risk management was an area of care planning that required some improvement. Not all risks associated with the person's care had been described and measures identified. This didn't impact on the person being supported as they were supported by regular staff who knew them, and their support needs well. We fed this back to the director and they told us they would work on this straight away.

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

- People were protected from the risk of abuse because staff were trained in safeguarding and felt confident in recognising and reporting potential abuse.
- The person felt safe with the staff supporting them.

### Staffing and recruitment

- There were regular staff supporting the package of care. At the time of inspection, these staff had been able to cover absences so that there had never been a time when unfamiliar staff had attended.
- Should it ever be necessary, the provider told us they would be able to use staff from the staffing agency side of their business to attend the package of care.
- There were systems in place to recruit staff safely. This included gathering references from previous employers and undertaking a Disclosure and Barring Service (DBS) check.

### Using medicines safely

- At the time of inspection, staff were not administering medicines. At such time when staff were required to support with medicines, the provider told us they would ensure staff received suitable training.

### Preventing and controlling infection

- Staff had access to Personal Protective Equipment in line with current guidance.

### Learning lessons when things go wrong

- There were systems in place to record accidents and incidents. This gave opportunity to identify any themes or patterns in the kinds of incidents occurring.
- We saw an example of a completed incident report and saw that it described the event and any follow up action required.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The person receiving personal care had been supported by the same staff long term who knew and understood their needs well. Care was monitored and checked regularly to ensure it was meeting the person's needs.
- At such time that new packages of care were taken on, there were systems in place to assess the full range of the person's needs and plan care accordingly.

Staff support: induction, training, skills and experience

- Staff were positive about the training and support they received. They told us, "My manager maintains regular contact with me through effective communication and ensures I get the best training required to fulfil my task".
- There was a programme of training in place to support staff in providing safe, effective care and support. This covered a range of relevant subjects including safeguarding, health and safety, equality and diversity and use of restraint.
- If there was a particular need relating to people they supported, the director told us staff would receive training for this.
- Feedback from another professional was positive, "They give good support even when times can become difficult."

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

- There was information in the person's care plan about their nutritional needs.
- Regular staff supported the person so they understood their nutritional needs well.

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

- Staff told us they communicated well and worked positively with other professionals. They told us, "I have a good professional relationship with the staff (other professionals supporting a person)."

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 MCA 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.

We checked whether the service was working within the principles of the MCA.

- Staff received training in mental capacity and applied the principles of the legislation in their work for example by respecting people's choices and gaining their consent.



# 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.

This is the first inspection for this newly registered service. This key question has been 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 treated well, with dignity and respect. In feedback forms completed by the person being supported, we read comments confirming that people were happy with their support. We read comments such as 'very satisfied' and 'no complaints'.
- A professional supporting the person commented about staff that "they give good support".

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

- The provider met with the person receiving care regularly to monitor the care package and ensure it was meeting the person's needs. They were given opportunity to express their views both verbally and through feedback forms.

Respecting and promoting people's privacy, dignity and independence

- It was clear from support plans that people's independence had been considered; it was stated for example how people liked to make choices about what they wear.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been 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

- The person was given opportunity to be involved in planning care both at the initial assessment and ongoing reviews.
- Staff told us they had been able to build positive relationships with the person they supported

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- There was no one using the service requiring information presented in a particular format or language. This would be considered during a person's initial assessment and arrangements made as necessary.
- Staff and other professionals using the service told us communication was good with the agency.

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

- Staff supported the person to go out if they wished in the local area. This was at the request of the person being supported
- From people's care records, it was evident that staff supported them as they wished to go out to places such as the park and local shops.

Improving care quality in response to complaints or concerns

- There was a complaints policy and procedure in place. This set out the expectations and timescales involved in managing complaints.
- There had been no formal complaints at the time of our inspection. The director told us that on occasion there had been some issues with public transport which had impacted on staff ability to be on time. The provider had made alternative arrangements for staff at these times to ensure they were able to provide care.

End of life care and support

- At the time of our inspection no one was receiving end of life care. The director told us this is something

the service would be willing to support with in future.

- The registered manager had been trained in end of life care

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high quality, person-centred care.

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

- The culture of the service was person centred with staff having a clear understanding of the person they supported and their own particular needs.

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

- There had been no incidents reportable under the duty of candour, however the provider was aware of their responsibilities in line with this regulation.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There were systems in place to support the growth of the agency in terms of taking on new packages of care. For example, a system was in place for care staff to log in and out of care calls. This would allow staff in the office to monitor that calls were taking place as expected; the system would create an alert if a member of staff hadn't logged in.
- As the number of care packages was small, monitoring the quality and safety of the service was straight forward. If the service was to grow, a programme of checks and audits would need to be established to monitor compliance with regulations.
- There was a clear management structure, with a registered manager in place. They were supporting staff in the office organising staff rotas and completing assessment documentation.

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

- Packages of care were monitored carefully to ensure they were working well and people were happy with the care they received. The registered manager had oversight and was available to resolve any issues or concerns if they arose.
- The provider also met regularly with other professionals involved in a person's care.