

Medacs Healthcare PLC

Medacs Healthcare PLC - Leeds

Inspection report

1 Anne Gate, Bradford
BD1 4ES
Tel: 01274 734 285
Website: www.medacs.com

Date of inspection visit: 20,21 and 25 August 2015
Date of publication: 28/07/2016

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 

Overall summary

On 20, 21 and 25 August 2015 we inspected Medacs Healthcare PLC Leeds. This was an unannounced inspection.

Medacs Healthcare PLC Leeds is a domiciliary care agency that provides staff to support 190 people in their own homes in the Leeds area but the registered office for the service is in Bradford.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The feedback we received from people was generally positive. People that used the service told us it was very good and spoke highly of the registered manager and staff. People were treated with dignity and respect and felt fully involved in their care.

Summary of findings

Some people that used the service were supported with their medicines when required. However medicines were not recorded in line with guidance from the Royal Pharmaceutical Society.

There was a clear caring culture based on values promoted by the registered manager and the provider. Staff were motivated and proud of the work they achieved. Staff were positive about the support they received from the management team and felt valued.

Care records were written in a person centred way and were created with people and their families. Care records were reviewed regularly and we evidenced this through daily notes and saw staff were following the updated care records. People that used the service told us their care records reflected their current needs.

The service took people's safety seriously and took steps to ensure people received a service that met their needs at all times. People were encouraged to manage risks that enabled them to remain independent and staff understood the importance of this for people.

Recruitment of staff and their records evidenced that all relevant back ground checks had been completed. We saw staff recruitment of new staff followed the provider's policy.

Staff were knowledgeable about people's needs and had access to development opportunities to improve their skills and knowledge. People told us they had regular carers who knew them well.

People's needs were assessed and care records detailed people's support needs. The service was responsive to people's changing needs and worked with health professionals to ensure appropriate guidance was available.

There was a robust system in place to ensure the quality of the service. The registered manager was actively involved in promoting good practice across the service.

People and their families told us they knew how to complain. Those people that had complained in the past said they received an outcome to their satisfaction. The provider had a policy on complaints.

We saw the service regularly analysed information to improve the experience of the people that used the service. Management would visit and phone people on a regular basis to ask for their opinions. The service would review the feedback and identify areas of improvement.

We identified two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

People were protected from harm. Risks to the health, safety and wellbeing of people who used the service were fully understood.

We found staff had been planned on the rota to visit for than one person at the same time with no travel time. Staff were then late for some visits.

Staff were knowledgeable about their responsibilities to report safeguarding concerns and felt confident to do so.

People received their medicines in line with their prescription. However the recoding of medicines was not in line with guidance.

Requires improvement



Is the service effective?

The service was effective.

The service ensured that people received effective care that met their individual needs and wishes. People experienced very positive outcomes as a result of the service they received.

Staff were supported in their role and had access to development opportunities to ensure they had the skills and knowledge to meet people's needs.

People were supported to access health and social care professionals when needed.

Good



Is the service caring?

The service was caring.

People valued the relationships they had with care workers and were extremely positive about the care they received.

People felt care workers always treated them with kindness and respect. People felt listened to and involved in their care.

Good



Is the service responsive?

The service was responsive.

Changes in people's needs were recognised and appropriate action taken in a timely manner.

People had opportunities to provide feedback to the service to promote improvement.

People knew how to make a complaint and felt confident to do so.

Good



Summary of findings

Is the service well-led?

The service was well-led.

The registered manager promoted positive values and a person centred culture. Staff were proud to work for the service and were committed to provide a high quality service.

There was emphasis on continual improvement. The registered manager sought opportunities to promote good practice within the service.

There were effective quality assurance processes in place that supported improvement and recognised areas for improvement and lessons learnt.

Good



Medacs Healthcare PLC - Leeds

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.

We visited the office on 20, 21 and 25 August 2015. This was an unannounced inspection.

The inspection team included one inspector and an Expert by Experience (ExE). An expert-by-experience is a person

who has personal experience of using or caring for someone who uses this type of care service. The expert by experience was an expert with older people and domiciliary care agencies.

On this occasion we did not ask 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. Before the inspection, we reviewed all the information held about the provider.

As part of the inspection we spoke with the registered manager. We spoke with three members of staff. We looked at six people's care records and six staff members' files. We spoke with ten people that used the service and six family members.

Is the service safe?

Our findings

We looked at the staff rota which showed when staff were planned to support people. We saw multiple visits were planned in at the same time. This meant staff were planned in to support more than one person at the same time. We found five occasions when staff were planned to support three people at the same time. Staff members did not always have travel time between supporting people. This meant if someone's support finished at 9am and another person's support was due to start at 9am then this would have a knock on effect for the rota and calls could be late. We spoke to the registered manager about this and they told us they had recognised the same issues and were changing the way shifts for staff were distributed. We asked to see an example of the new rota. We saw the rota that was planned for the next period contained no clashes of calls and staff had travel times between calls.

The service between 30 March 2015 and 28 June 2015 had received two complaints about call times. One person complained of a missed call and the other complained of sporadic call times. We spoke with ten people that used the service. One person told us, "Problems around timings were dealt with amicably by the agency."

This was a breach of Regulation 9(1)(3)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The rota clearly indicated where two members of staff were required to support someone. We looked at the daily records for these visits which confirmed there had been two members of care staff supporting these people. The registered manager told us for people who required two care staff, they would usually travel together which meant care staff arrived for the same time period for each person. The service also had an on call rota system. The on call rota included management who could organise additional cover if needed.

There were enough staff to meet people's needs. The registered manager told us recruitment was on-going and new care packages were only accepted when they could ensure they had enough staff to meet people's needs.

We looked at the arrangements for the management of people's medicines. All staff took responsibility for those people that required support with the administration of their medicines and had completed their medication

training. Following administration, staff recorded the date, time and the quantity of tablets taken on a Medication Administration Record (MAR). We found when people were prompted to take their medicines it was not recorded on the MAR. When people had their medicines administered with support from care staff, records of the name of medicines, their size and description was not stated. The Royal Pharmaceutical Society (RPS) guidance it states 'When care is provided in the person's own home, the care provider must accurately record the medicines that care staff have prompted the person to take as well as the medicines care staff have given.' Therefore the service had not accurately recorded the medicines that were taken. We asked the registered manager about this and they told us as the pharmacy dispensed the medicines and asked why care staff would question the actions of a professional. The registered manager also informed us this was a provider wide approach to their records of medicines for people.

The service had a medication policy issued in February 2015 which referenced 'The handling of medicines in social care, Royal Pharmaceutical Society 2008'. The medication policy stated 'Medication records must include the service user's personal details and an accurate summary of all medication for which assistance is required. We found the service did not include the service user's personal details other than the person's name. The service did not include an accurate summary of people's medicines. The providers policy also stated 'If a MAR chart is required it should be sourced from the pharmacy dispensing the medication, or where this isn't possible another pharmacy in the area can be approached to dispense the medication and provide a MAR' and 'A pharmacy issued MAR chart must be available at all times'. The service used their own MAR chart to record. This showed us the service did not follow the providers policy and people were at risk of receiving the wrong medicines if they had changed.

This was a breach of Regulation 12 (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The company had policies and procedures which were followed to ensure that when new staff were recruited the required checks were carried out. The registered manager described the process for recruitment of new staff. During our visit we were able to see six staff records that were held in the office. These contained Disclosure and Barring

Is the service safe?

Service reference numbers, health checks, ID checks, interview notes, two references, shadowing assessment and driving licence checks. This showed us staff were recruited in a way that kept people safe.

Records we looked at showed that all staff had received training about safeguarding and this was updated annually. A copy of the provider's safeguarding policies and procedures was available from the office and on the intranet. We spoke with three members of care staff that told us about different types of abuse and what action they would take. Staff were also able to tell us about whistleblowing and what actions would be taken. Staff were aware of the local authority safeguarding team and felt confident to contact them if they felt the registered manager had not

taken appropriate action. The registered manager had reported safeguarding concerns appropriately to the local authority safeguarding team and CQC.

People who used the service told us they felt safe. One person told us, "Yes we have nothing to worry about." Another person said, "I am safe when they are around." A third person said, "Well, never had concerns about safety." People felt confident to raise concerns and had the contact details to enable them to do so.

Before people accessed the service, an assessment was carried out. This included assessing any risks relating to people's needs. Risks associated with daily living, life style choices and hobbies had been assessed and recorded in people's care records. Actions had been put in place to minimise identified risks. Risk assessments covered areas such as environment, psychological needs, fire and manual handling. We saw risk assessments focused on how to support the person to reduce or remove the risks. Care staff were informed when a change in a risk assessment occurred so they had the most up to date information to support the person in a safe way.

Is the service effective?

Our findings

People that used the service said that their needs were met by the care staff. They told us they had the knowledge, skills, experience, and the right attitudes. Comments included; "Some of them are really good, but the regulars are excellent," and, "They seem to know what they are doing, I think they do get training. They have the right skills."

Family members we spoke with said that they thought staff were sufficiently trained to be able to meet the needs of their relatives. One family member thought they were competent. They told us care staff knew how to support people with complex needs. One family member said, "My relative had a couple of falls and each time they had not just phoned me, but discussed how they would support them in future." This showed us communication between the service and family members was good.

The service did not have a training matrix but the registered manager could view individual care staff members' training records. We looked at five different care staff members' training records and saw one person had courses recently out of date and the other four people had received all their mandatory training. We asked the registered manager about this and they told us they had identified this and were addressing the problem with the staff member. Care staff had attended training which included moving and handling, food hygiene and safeguarding. The registered manager monitored staff training by printing off a sheet of staff members' records on a weekly basis.

Staff felt well supported. Staff told us the management team were approachable and could be contacted at any time for advice and guidance. Staff competence was assessed through 'spot checks' carried out by office based staff. This meant care staff were regularly monitored by senior staff to ensure they were had the skills and knowledge to meet people's needs. Staff told us they had regular supervision and spot checks which they found useful.

The registered manager had an understanding of the Mental Capacity Act 2005 (MCA). The MCA is a legal

framework supporting decision making on behalf of people who cannot make some decisions for themselves. Care staff had attended training about the MCA and were able to tell us about the core principles.

Where decisions were made on a person's behalf these were done through a best interests process. For example one person had bed rails in place. Their care record showed consultation with relatives and health professionals during a best interest meeting to ensure the decision was in the person's best interest. People that used the service told us, staff asked them what they wanted to do and asked for permission before they did anything. This told us consent was gained from people before support was given. People were positive about the way they were treated and felt in control of their care. One person told us, "They ask for my consent and involvement."

If people required support with food and drink during their visits, it had been identified in their care records. We saw specific information to individuals relating to their dietary requirements. For example, one person said they preferred a sandwich at lunch time and a hot evening meal. Daily notes recorded if people had eaten during the day when care staff were present or if the person said they had eaten. This gave staff a general record to monitor people's food and fluid intake. People told us they were able to choose what they wanted to eat and drink and that care staff prepared this in an appetising way.

We saw people's care records were created from a needs assessment. Needs assessments were created before people were supported by the service. People had different areas of their health and support needs assessed. Care records supported best practise and encouraged staff members to communicate any problems or concerns. We saw in daily records and care records, people were referred to health professionals when their conditions changed. Referrals included: occupational therapy, speech and language therapist and district nurses. People's care records changed to indicate alterations following health professionals advice. Staff told us about sections of people's care records that had been changed. This showed us people's health care needs were supported by care staff to refer to health care professionals.

Is the service caring?

Our findings

People told us they were treated with kindness and respect. Comments included; “The carers are excellent, very good,” “I think that they give me the care that I need, no complaints,” and, “They care for me with respect and dignity.” Relatives were positive about the way their family members were treated.

People told us they knew about their care records and had been involved in meetings to create the records. Care records were signed by the person that used the service or their family member. We saw relatives were involved in the planning of their family member’s care.

Staff we spoke with had a caring attitude. One member of care staff said, “I care for all the clients.” Care workers told us the importance of building relationships with people and valuing them. One care worker told us, “It’s about respecting them and involving them to build a relationship and trust.” People valued their relationship with staff and clearly enjoyed their visits. Staff spoke in a caring and compassionate way about the people they supported.

Staff also told us they work to support people with their independence. They told us it was important for people to do as much as they could for themselves as it gave them

assurance and dignity. Staff told us if people refused to do something’s themselves then they would respect their decision. This showed us staff encouraged people’s independence.

The staff team knew people well and we heard conversations between staff that showed respect and kindness for people. We asked the care workers about the people they supported. The care workers gave us specific examples of how they supported people and told us how they encouraged people to be as independent as possible. This showed us care workers knew people well and showed understanding and compassion.

Positive, caring relationships had been developed with people. The registered manager was motivated about providing support that improved people’s lives and care workers shared in the registered manager’s enthusiasm. People we spoke with told us the care had improved their

quality of life. One person said, “I always tell them what I want.” Another person said, “I feel better knowing the staff are coming,” and, “They help me out, I know they give it their best shot.”

During our visit we heard the registered manager and other members of the management team speaking with people on the telephone. They spoke kindly with people, reassuring them and responding respectfully to queries.

Is the service responsive?

Our findings

People told us care workers and management knew them well and were responsive to their needs. They said staff responded to what they asked for. One person that used the service told us, “They always ask what we would like and how we would like it.”

The service responded promptly to changing needs. One relative said, “They ask constantly what is needed”. Relatives told us staff and management knew people well and provided personalised support. Care staff told us the management team were responsive to changes in people's needs. Care plans were regularly updated and contained detailed personalised information regarding people's support needs.

People were assessed prior to using the service and assessments formed people's care records. Care records were detailed and contained information relating to people's social, personal and health care needs. For example, one person's care record contained detailed information about how the person's needs could change daily and action care workers should take if the person was less responsive. Care records included leaflets and information on any conditions people had. The care record stated staff should report to the management team if the person was not eating well. Daily records included details of the person's condition on a daily basis and calls made to the management team for advice and guidance. Records of calls to the office included details of the call and action taken as a result. This included referrals to health professionals. Staff we spoke with were able to tell us about this person's needs and the importance of reporting when their condition changed.

Care records were personalised and included details of people's life history and what was important to them. For example we saw in people's care records a list of their likes and dislikes. Care records were also written in the first person to reflect the voice of the person. We asked staff for examples of people's individual needs and wants and found staff were knowledgeable about this information. People's care records detailed the importance of promoting people's independence. For example one person was able to self-medicate. Daily records detailed that this was supported by the staff. Staff told us of their drive to support people to be more independent. Another person's records said ‘ask me if I want a shower and encourage me to choose my own clothes’.

People and their relatives were aware of the organisation's complaints procedures and felt confident that any concerns would be dealt with promptly. People told us staff and the management team responded immediately to any requests or concerns. For example one person told us, “I know how to complain but I have never had a reason to.” Another person said, “I complained once and it was resolved.” A family member told us “When I raise a concern, they do something about it.” We saw the provider's first quarter report delivered to the Leeds City Council. In this report the service recorded they had received 18 informal complaints and two formal complaints. All complaints records were detailed and showed that all complaints had been responded to in line with the organisation's policy. The registered manager had contacted people and their relatives to resolve concerns. The service had identified some of the issues around staff timings and made alterations to the rota. This showed us that the registered manager had listened and learnt from complaints and recognised areas for improvement.

Is the service well-led?

Our findings

The registered manager used a quality assurance process supplied by the provider. They had also introduced further quality assurance checks they could monitor on a weekly basis. The quality monitoring included checks that related to the fundamental standards set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This enabled the registered manager to determine where the service was not meeting the legal requirements. For example, an audit on training identified staff members that were due to attend certain courses. As a result the registered manager sent an email/phone call to the staff members advising them of actions needed. The registered manager showed us they created weekly reports to monitor the progress on a weekly basis.

Since the registered manager had been in post, they had identified problems with the way visits to people were planned and placed on the rota. For example, members of staff were planned on the rota to support three different people at three different locations at the same time with no travel time between visits. The registered manager showed us they had identified this problem and introduced a new way to plan the rota and taken into account travel time between visits.

The service had to create a quarterly report for the commissioning team at Leeds City Council. This report identified areas of improvement. We looked at the quarter one report which was the last report submitted. This showed the number of late call times or missed calls by the service. Following each submitted report, the registered manager met with the contracts team to analyse issues and learn from mistakes.

The registered manager told us they asked for opinions and views from people that used the service on a quarterly basis. We saw evidence people had been asked their views on the care overall, were they happy with the visit times and were there any areas for improvement. One person

had recorded they would prefer their night time visit to be a bit later. We saw the rotas had been amended to reflect this person's decision. This showed us the service did listen and respond to people's opinions.

Everyone we spoke with was complimentary about the registered manager and wider management team. People and their relatives told us the whole management team were supportive. One person told us, "Communication with the office is always okay." One relative told us, "I think the management team are excellent." Other people commented that their suggestions were always listened to and acted upon. People that used the service told us staff would come round just to see how they were getting on. This showed us the service was open and inclusive.

The registered manager promoted a caring culture that put people at the centre of everything the service did. The culture was based on values that all staff were committed to. Staff were passionate about their job and generally gave us positive remarks about the management of the service. This showed us the service was dedicated to a positive culture that was person centred.

Staff had a clear understanding of the organisation's whistleblowing policy and felt confident to use it. Staff told us they believed they would be listened to.

The registered manager had a person centred approach when determining whether the service had capacity to meet a person's needs prior to offering the service. The registered manager told us they looked at the person's expectations, needs and wants as well as the staffing hours.

We saw the registered manager kept weekly records for various part of the service. For example training, audits and rota planning. The registered manager told us they checked their weekly records each week which identified any areas where action had to be taken. We saw previous weeks actions had prompted the registered manager to arrange training for staff members or make rota alterations. This showed us the system of records employed by the registered manager was effective and well-led.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Personal care

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

Service users were not protected from the risk of unsafe care and treatment through the proper and safe management of medicines.

Regulated activity

Personal care

Regulation

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

The care and treatment of service users was not designed to achieve service users' preferences and ensure their needs were met.