

## Medacs Healthcare PLC

# Medacs Healthcare PLC

### Inspection report

12 Fusion Court  
Aberford Road, Garforth  
Leeds  
West Yorkshire  
LS25 2GH

Tel: 01138873800  
Website: [www.medacs.com](http://www.medacs.com)

Date of inspection visit:  
10 October 2017  
11 October 2017  
26 October 2017  
27 October 2017

Date of publication:  
01 January 2018

### Ratings

#### Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

This was an announced inspection carried out on the 10, 11, 26 and 27 October 2017. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available at the office to meet with us. At the time of the inspection the service was supporting 219 people with personal care.

There was a newly registered manager in post at the time of the inspection. 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.

At the last inspection in March 2017, the service was rated as requires improvement. The safe domain was rated inadequate. There were three breaches of regulation within this domain. These were regulation 9 Person centred care, regulation 12 safe care and treatment and regulation 13 safeguarding service users from abuse and improper treatment. There was also a breach of regulation 17 good governance within the well led domain. Following the inspection, the provider sent us an action plan telling us what actions they were going to take to ensure they met the regulations. At this inspection, we found that some improvements had been made.

We found the service was not working in accordance with the Mental Capacity Act 2005 and had not followed the correct process to make sure any actions taken were in people's best interests when this was required.

This represented a breach of Regulation 11 HSCA RA Regulations 2014 Need for consent. You can see what action we have taken at the end of this report.

We found issues relating to the management of medicines. Although the provider was responsive at the time of the inspection, the processes in place for quality assurance had not identified these issues.

Risk management plans did not always contain the information staff needed to support people safely and manage all risks identified.

People spoke positively about the staff that supported them and told us they were always treated with care, respect and kindness. Staff were respectful of people's privacy and maintained their dignity. Staff had developed good relationships with people and were familiar with their needs, routines and preferences.

People told us they felt safe and would speak to staff if they were worried about anything. The manager understood their responsibilities for safeguarding people and staff were trained to understand and recognise abuse. They knew who to report concerns about people's safety and welfare within the organisation and knew where to access contact numbers to external agencies if necessary.

Recruitment processes were robust to make sure staff were safe to work with vulnerable people. Staff had sufficient knowledge and skills to meet people's needs effectively. They completed an induction programme when they started work and they were up to date with the provider's mandatory training.

People were supported to access health and welfare professionals when they needed to. People were supported with their dietary needs in accordance with their care plan.

There was a complaints procedure in place at the service. The people we spoke with said they would speak with one of the staff or the manager if they had any concerns.

Satisfaction surveys were sent out by the provider to seek the opinions and views of people who used the service. Systems were in place to monitor the quality of the service and people's feedback was sought in relation to the standard of care and support.

One breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 were found during this inspection. You can see what action we told the provider to take at the end of this report.

## 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 consistently safe.

Issues relating to the management of medicines were identified at the start of the inspection. However, the provider was responsive and took swift action to ensure the issues were addressed by the end of the inspection. Evidence of sustained improvement will be checked at our next inspection.

Risk management plans did not always contain the information staff needed to support people safely and manage all risks identified.

All of the people we spoke with who used the service gave positive feedback and told us the service had improved.

Staff were recruited safely, and understood the importance of remaining vigilant for signs of abuse and how to report any concerns.

### Is the service effective?

**Requires Improvement** ●

The service was not effective.

The service had not followed the principles of the Mental Capacity Act 2005 or the related policy of the provider for this. Staff received relevant training, supervision and appraisal to support them in their role.

People using the service had access to a range of healthcare professionals to meet their additional health needs.

### Is the service caring?

**Good** ●

The service was caring.

All of the people we spoke with told us the service was good and improvements had been made.

Staff we spoke with told us they were committed to providing a good service for people.

Staff had a caring and person centred approach.

### Is the service responsive?

The service was not responsive.

Care plans did not always contain clear guidance for staff to follow when providing support to the person concerned.

Assessments of people's needs were carried out before they began receiving support.

There were systems in place to ensure complaints were managed appropriately, and the provider had records of compliments received from relatives of people who used the service.

**Requires Improvement** ●

### Is the service well-led?

The service was not consistently well led.

Systems and processes for assessing and monitoring the quality of the provision were in place. However, these had failed to identify areas of concern in relation to management of medicines that we found.

There was a newly registered manager in post who was aware of the strengths of the service and the areas to improve.

The provider sought feedback from people using the service and their relatives to make improvements to the service.

**Requires Improvement** ●

# Medacs Healthcare PLC

## **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.

This inspection took place on 10, 11, 26 and 27 October 2017 and was announced.

The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to ensure the management team were able to support the inspection. This is the methodology we use for domiciliary care agencies.

The inspection was carried out by two adult social care inspectors, one specialist advisor with experience of governance, one specialist advisor with experience of medicines and two experts-by-experience who had experience of domiciliary care services. An expert-by-experience is a person who had personal experience of using or caring for someone who uses this type of care service.

Before our inspection, we reviewed all the information we held about the service, including on-going safeguarding investigations, statutory notifications and incidents affecting the safety and well-being of people sent to us by the service. We also contacted the local authority and received feedback from the safeguarding team.

Before the inspection providers are asked 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. We did not ask the service to provide us with a PIR prior to this inspection.

At the time of our inspection there were 219 people receiving the regulated activity of personal care from the service. We spent two days at the provider's office where we spoke with the registered manager, the director, the compliance manager, the training manager, two service quality assessors and one care coordinator. We looked at nine staff files which contained supervision and appraisal documents. We spent time looking at documents and records related to people's care and the management of the service. We looked at 19

people's support plans and 11 people's medication records. Following the visit to the provider's office we carried out telephone interviews with 16 people who used the service and 14 relatives. We also spoke with three staff in person and 19 staff by telephone.

## Is the service safe?

### Our findings

At our previous inspection in March 2017 we identified three breaches of regulations and rated this domain 'Inadequate'. We found systems to ensure the safe administration of medicines were not effective. This was a breach of Regulation 12 Safe care and treatment. We saw that care was not always planned and delivered to meet people's individual needs and preferences. This was a breach of Regulation 9 Personalised care. We also found that people who used the service had been put at risk of harm from missed calls, poor moving and handling techniques, issues with medication and agreed tasks not being completed. This was a breach of Regulation 13 Safeguarding service users from abuse and improper treatment. We asked the provider to submit an action plan to show how the required improvements would be made. At this inspection we concluded the provider had taken sufficient action to ensure they were now meeting the required standards. Although we saw improvements had been made, we have not rated this domain as 'good'; to improve the rating to 'good' would require a longer term track record of consistent good practice.

Feedback from people and their relatives about how the service supported them to take their medicines was positive. Comments included, "I take my medication, they (carers) check I have taken my medication." "They give me my medication on time." "They do my pills, that's alright and they write it down." "They do my medicines and write it down, they do that OK."

However, when we looked at systems in place to manage medicines support we found there were areas of concern. These related to the lack of clear guidance for staff within the current medication policy, how the service dealt with medication errors, lack of guidance for staff when administering 'as required' medicines and in some cases a lack of detailed information where errors had occurred.

We spoke with the management team about our concerns at the end of the first day of our inspection. When we returned to the service 17 days later, we found that the service had responded to these concerns and implemented actions to resolve issues identified by us. The provider had reviewed their medicines policy and reviewed all of the documentation associated with medication within the service. This included revision of medication administration records (MARs) and audit documentation. The provider had sought a new medication training package for staff to complete and had dates booked for all staff to attend. The management team had repeated medication competency checks with staff and had met with all staff to ensure that errors were reported at the time they occurred. The registered provider had made changes to how the service addressed issues where staff had repeatedly made errors despite having their competency checked. This meant that where errors had occurred the service were now able to address concerns relating to staff competency. We judged that these actions would have a positive impact on the service. We will look at this again when we return at our next inspection to ensure these positive changes have been sustained.

Feedback from people and relatives was positive with regard to them having safe care. Comments included, "I am safe, I couldn't manage without them."

"I am safe, it is quite good. I get on with all of them", "I feel safe as I can stay in my own home and I know I have back up", "I do feel safe for instance, when turning if I am coming to the edge of the bed, the carers will be there to hold me. It is simply little things like that." A relative told us [Name of person] is very safe with them, they come in two's so they can get her up and they know how to move her." Another relative said, "It's



such a relief to see them in the mornings, they are on time, because I tend to have sleepless nights I ask for calls after 10am and they stick to that" and another commented, "We have a regular girl usually but if she is off we get different ones, but that's alright they all seem very good."

At our last inspection we identified areas of concern relating to safeguarding people from potential harm. These concerns included failures by the service to report safeguarding issues to the local authority and police where people using the service had been put at risk of harm from missed calls, poor moving and handling techniques, issues with medication and agreed tasks not being completed. At this inspection we found the service had made improvements. We spoke with the registered manager and they were clear in their understanding of managing and reporting safeguarding incidents. We spoke with the local authority and reviewed records on site which showed there had been a clear reduction in missed visits and number of safeguarding incidents reported. This demonstrated the service had implemented effective systems in place to prevent people being put at risk of harm.

Safeguarding and whistleblowing policies procedures were in place and known by staff. Staff understood the possible signs of abuse and knew to report any concerns to line managers and the local safeguarding authority where necessary. The safeguarding policy referred to legislation for both adults and children and contained links for staff to refer any concerns as appropriate.

Staff we spoke with had a good understanding of the individual risks to people. They told us they knew people's particular risks and what to do if an incident occurred. We looked at the care records where a range of different risks had been identified. These included risks of falls, hypothermia, skin damage, smoking and risks associated with moving and handling people. Some people's records showed risks had been assessed and there were appropriate management plans in place. For example, a person at risk of falls had guidance for staff to ensure the person was always wearing their pendant alarm when they left the call. This would enable them to summon help if required. Another person had been identified as unable to weight bear and there was full guidance for staff on how to assist the person to move with the use of a stand aid. Records demonstrated that prior to the commencement of the service environmental risk assessments were undertaken of the person's home.

However, we saw other documentation about risks that needed further development. For example, where a person had been identified as at risk from hypothermia there was no risk management plan on how to prevent this. For a person was identified as being at risk from smoking, risks were not identified and there was no guidance for staff on how to manage this risk. Where care records indicated some people required creams and emollients to be applied. We saw some people's skin integrity had not been assessed and there were no risk management plans for these people to show what was in place to prevent skin damage. This demonstrated that risks to people who used the service had not always been fully assessed. Similarly, risk management plans did not always contain the information staff needed to support people safely and manage all risks identified.

Staff recruitment procedures were managed appropriately to ensure all those working with vulnerable people were suitably checked. The registered manager told us staff were recruited by the company's head office, they verified they had seen all checks prior to staff starting work with people. We looked at nine staff files. We found safe recruitment practices had been followed. For example, satisfactory reference checks had been completed and Disclosure and Barring Service (DBS) checks had been carried out. The DBS helps employers make safer recruitment decisions and reduces the risk of unsuitable people from working with vulnerable groups.

People told us there were sufficient staff to meet their needs. Duty rotas were prepared in advance and the

registered manager told us new care packages were not accepted unless there were sufficient staff available. Staffing was allocated to the needs of each person using the service and the registered manager told us they matched staff skills with people's individual needs. The registered manager told us they tried to ensure

consistent staff supported each person's care package. Staff we spoke with said there were times when staff shortages meant they covered for one another, which meant some people did not have their regular care staff, but said people were never without the right number of staff to meet their needs. Staff gave mixed feedback when we asked if they were given adequate time to travel between visits. One staff member told us they did not think the service allowed for the volume of traffic at key times and this often affected their ability to be on time. Feedback from people using the service was mostly positive. Comments included, "They mostly arrive on time but will let me know if they are going to be delayed" and "They always let me know when they are on their way." Some people were provided with a weekly rota and knew which carer to expect and when. The registered manager told us there was an on-call available based in Manchester for both people using the service and staff to contact out of hours.

## Is the service effective?

### Our findings

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.

The manager told us new documentation had been developed to enable the service to carry out a mental capacity assessment and record any best interest decisions that were made. They also said they had not used the new documentation as yet as there had not been a need for it. They told us there was an assumption that all people who used the service had capacity to make day to day decisions about their care and support. However, one person's care records indicated they lacked mental capacity due to severe dementia. No capacity assessment had been completed and there was no information as to how this decision had been reached. Two people's records stated they had fluctuating capacity. No capacity assessment had been completed and there was no information as to how this decision had been reached or how the people were affected by fluctuating capacity. The provider's policy stated; 'A functional test of capacity must be undertaken whenever a service user appears to lack the capacity to make decisions at the time the decision needs to be made.' There was no evidence this policy had been followed.

We saw one person's records said the person had no verbal communication and communicated through the use of gestures and facial expressions. We discussed this person's care needs with staff who told us the person could not understand the spoken word and was not able to communicate as they had no understanding. This was not consistent with the assessed needs of this person and there was a risk the principles of the MCA were not being followed.

We concluded the above evidence indicated a breach of Regulation 11, Need for consent of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People who used the service told us they were satisfied with the standard of care and support they received. Comments included, "The girls are lovely. They come in and do what they need to do for me. They are always pleasant and ask me how I am. We've got to know each other so it's nice" and "Staff are lovely, can't do enough for me. I'd be lost without them." Relatives we spoke with said they were involved and kept informed about their relatives care.

All the staff we spoke with told us they received the support they needed to carry out their roles effectively. Comments included, "I love the job" and "It is not a job you can do if you don't genuinely care. I think we have a good team on the patch I work in. You really get to know people, I love visiting all of them on my rounds" and "There is a lot of training and just when you think you've got it all done, it all seems to start again." One staff member who did not have previous experience in care work told us, "I am grateful for any training but would definitely say the shadowing helped me the most. Just watching how the more experienced staff went about what they had to do was so helpful." The staff we met with were all

enthusiastic and demonstrated a commitment to providing an effective service.

We looked at records of induction, training and supervision for nine staff, two of whom were new members of staff. All staff received an induction when they began work. All staff received regular training and we saw records of this. Topics included; manual handling, medication, safeguarding vulnerable adults and basic first aid. Training figures we looked at showed compliance with mandatory training was 84% with refresher training completed online at 70%. The service monitored staff training electronically and the system flagged up where training was due to be refreshed. Records we looked at showed dates were booked for staff where required refresher training. This demonstrated staff had appropriate knowledge and skills to perform their job roles and that systems were in place to ensure this was maintained.

New members of staff told us they received a suitable induction when they started work. This included shadowing more experienced staff and training. This demonstrated that new employees were supported in their role. During induction staff were trained in core skills such as moving and handling, medication, infection control and safeguarding. People who used the service told us they thought staff were well trained. One person said, "Yes, they train their staff well." "They all seem to know what they're doing. If there are issues they'll get on the phone to my GP."

The Director told us that each staff member received four contacts in a year. This included a spot-check, a supervision, a direct observation and an appraisal, in addition to attending patch meetings. Spot checks enabled the management team to ensure staff were arriving on time and supporting people appropriately in a kind and caring way. Supervision and appraisal records we reviewed confirmed this process. One member of staff told us, "Yes I have regular supervision. I had my appraisal in August and my next supervision has been arranged for November." Another member of staff said, "We have spot checks and we never know when this is going to be and an observation where a visit will be observed by our manager." This showed that staff were receiving regular management supervision to monitor their performance and development needs.

There were also staff meetings held in each 'patch' of where the service delivered a service. These provided opportunities for open communication about changes within the service and opportunities for staff and managers to raise issues. One member of staff we spoke with told us they thought these meetings needed to be held more regularly as they had not had a meeting the previous month. Other staff told us these meetings were held monthly.

Records showed people were supported to maintain good health and had access to healthcare services when needed. The staff teams worked with other health professionals such as community nurses and speech and language therapists to ensure people's needs were met properly.

People were supported at mealtimes in line with their plan of care. People receiving this support told us staff asked them what they preferred to eat and prepared and cooked their food to a good standard. We noted from the records that staff received food safety training.

## Is the service caring?

### Our findings

Feedback received from people who used the service and their relatives was positive. Comments included, "They are very friendly." "They (staff) are alright, they are kind." "Yes, all very nice the ones (staff) I have." "Yes, staff are caring and I have a good chat with them." "They are all very good, I have no complaints at all." "The carers are very obliging and are really lovely. All of them are really cheerful and asked is there anything else they can do. It is company for me twice a day." Relatives comments included, "Well they have been absolutely marvellous." "They are very nice with my relative and have a chat and a laugh which she likes." "They have been a godsend to me."

Staff we spoke with were positive about their roles and said they felt they provided a good standard of care to people. The majority of staff told us they would recommend the service to people they knew should they require care at home.

Staff we spoke with were respectful of people's rights. One member of staff said, "It is always about the person and how they want their care. I always involve people and talk to them about what they want and how they want it." Staff were aware of the need to ensure people's confidentiality.

People told us they felt staff showed them respect and were aware of the need to allow them privacy in the way they were supported. Comments included, "Yes, they do show respect." "The staff treat me well, when they are washing me." "When I am having a shower the staff don't make comments. I feel comfortable and I can have a laugh with them." "When I am having a shower they divert their eyes and ask when I am ready." "They are very good make sure nobody can see through the windows and everything is there ready for me after my shower."

Care records included some information on people's life history. This gave important information about people's background. This information helps staff to get to know people better and provide more personalised care. Records showed people who used the service and their relatives had been involved in developing and reviewing their care plans.

We saw staff had received information about confidentiality and data protection to guide them on keeping people's personal information safe. All care records were stored securely in the registered office in order to maintain people's confidentiality.

People were given a service user guide and information pack when they began receiving a service. The service user guide provided a detailed overview of the services provided by the agency, the aims and objectives and what people could expect from the service. People said the information was clear and easy to understand; the information was available in easy read and other languages.

## Is the service responsive?

### Our findings

People's needs were assessed to ensure the service could provide appropriate care and support. The registered manager told us they received a care plan from local authority or health care commissioners of the service and used this to inform their assessment of people. This meant they had checked to make sure they could meet people's needs before people began using the service. This information was used to write a series of care plans to show how care and support needs would be met. The care plans included, personal care, mobility, medicines support and any cultural needs.

All staff we spoke with had a good understanding of the individual needs of people. Staff were able to describe people's personalities, their likes and dislikes and their individual care needs. Records made at each visit demonstrated person centred care was delivered to people. Full details of the care provided and how this was provided were maintained.

We looked at 19 people's care records. We wanted to see if the care and support plans gave clear instructions for staff to follow to make sure people had their needs met. Some care plans were person centred and gave detailed guidance for staff so they could consistently deliver the care and support the person needed, in the way the person preferred. For example, one person's care plan stated what colour flannels staff were to use when washing them. Another person liked to have their clothes warmed on the radiator before dressing.

We also found some people's care plans lacked in detailed guidance on support needs. For example, one person had a diagnosis of asthma and other than staff being advised not to rush the person, there was no more information on how they were affected by asthma. They person also used a wheeled trolley when mobilising; the care plan stated 'please assist'. There was no other guidance on how staff were to assist this person. Another person liked a shower and there was no detailed plan of how they liked to be supported. These shortfalls with the care plans could lead to people's needs being missed or overlooked. We spoke with the registered manager about these concerns and they told us they would address them immediately.

Records showed people's care was reviewed regularly or when their needs changed. The compliance manager told us 85% of people's care plans had been updated and reviewed in line with their policy or in response to changes in people's needs.

People and relatives we spoke with all said they knew how to make a complaint if they were unhappy about the service. Comments included, "I have no reason to complain, I would feel comfortable to if necessary." "If I had a problem with a carer, I ring the office, they sort it out. If I don't want them to come again they don't send them." "We've never had a complaint but I would just get on to the office quick."

Staff we spoke with said they would always give people full support to make a complaint should they wish to. The registered manager told us they would visit the complainant as soon as they received the complaint, usually the same day. We saw there was complaints procedure information available in the service user guide which was given to people when they started using the service. The service had received three

complaints and 10 compliments since our last inspection in March 2017. We saw the complaints had been responded to in line with the provider policy and were closed. This demonstrated the service had a system in place for recording complaints and compliments.

## Is the service well-led?

### Our findings

At our previous inspection in March 2017 we identified a breaches of Regulation 17 Good governance. We found systems in place had not been effective to monitor and ensure continuous improvement in the service. We asked the provider to submit an action plan to show how the required improvements would be made. At this inspection we concluded the provider had taken sufficient action to ensure they were now meeting the required standards. Although we saw improvement had been made, we have not rated this domain as 'good'; to improve the rating to 'good' would require a longer term track record of consistent good practice.

The service has a newly registered manager in post who had joined the service in March 2017. They told us they were now settled in post and felt that the team had worked hard to address areas of concern raised at the last inspection.

The registered manager and provider completed a variety of audits on a regular basis to assess the quality of the service provided. These monitored, for example, staff training and supervision, recruitment, daily records and medication. However, the systems in place relating to the management of medicines were not robust. Actions were taken to address these during the inspection. However, we will need to see that improvements have been sustained. We will check on this at our next inspection.

Systems were in place for monitoring accidents and incidents. These were recorded and outcomes clearly defined which helped to prevent or minimise re-occurrence. The registered manager told us, "I'm really keen to make sure we're doing everything right and if not what we can do to get things right." The service was also working with the local authority on an action plan to address areas of concern identified by them in June 2017.

The service had a clear vision which was to provide the right person for the right service user with individually tailored packages of care. The service provided a comprehensive range of services: personal care, household tasks, practical support and specialist services.

The feedback we received from people using the service was mostly positive. Comments included, "I think it is a good service." "It is good, they carers are very good." "I describe it as excellent because you can understand what they are on about." "It is pretty well organised I think it is pretty good, I give it 90%." Relatives we spoke with also said, "It's very good, we've got no worries about it." "The office is OK, you can get through and they try and sort things out, not that I ring them much." "It runs just like it should." "It works very well for us." "We are very happy with it." A number of negative comments were received in relation to contact with the office during and out of hours. Comments included, "They put calls through to Manchester office instead of Leeds office and they don't know us there." "There are certain times of day you ring the Manchester office rather than get through to the Leeds."

The provider had suitable arrangements to obtain feedback from people using the service and their relatives. The manager showed us the results from the postal survey in September 2017 which was based on



37 responses from 219 service users and relatives. Overall, we saw feedback was positive and where suggestions were made an action plan was in place to address these. This meant that there were mechanisms in place to communicate with people and their relatives and involve them in decision making in relation to the service.

We found that people's care records and staff records were appropriately stored and only accessible by staff to ensure people's personal information was protected. The records we requested were promptly located and well organised.

There were procedures in place for reporting any adverse events to the Care Quality Commission (CQC) and other organisations such as the local authority safeguarding teams. Our records showed that the provider had appropriately submitted notifications to CQC and other agencies.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>We found the service was not working in accordance with the Mental Capacity Act 2005. Where there was a concern regarding a person's capacity to understand a particular decision, the service had not followed the correct process.</p>