

Medacs Healthcare PLC

Medacs Homecare - Bristol

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

About the service

Medacs Homecare - Bristol (referred to in report as Medacs) is a domiciliary care agency providing personal care to people in their own homes. At the time of our inspection there were 100 people using the service. Not everyone who used the service received personal care. 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 received good care from staff who were kind and caring. People told us they felt safe and staff treated them with dignity and respect.

People were protected from the risk of abuse because staff were trained and understood the signs to be aware of and report. Where concerns did arise, they were investigated and the registered manager worked with the safeguarding teams in the local authority to ensure people were safe. There were individualised risk assessments in place to guide staff in providing support in areas such as mobility, where there was a risk of harm to the person concerned. There were systems in place to support people with their medicines safely.

There were enough staff to ensure people's care needs were met. Safe recruitment procedures were in place.

Staff received good training and support to enable them to carry out their roles effectively. Staff told us they were satisfied and that the training gave them the skills they needed. New staff to the organisation received an induction and regular meetings and shadow opportunities with established members of staff. 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.

The service was responsive to people's changing needs and updated people's care plans accordingly. There was a complaints procedure in place and the registered manager investigated these in accordance with company policy.

The service was well led. Systems were in place to monitor quality and safety and there was a clear management structure supporting the registered manager in their role.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was good (published 26 January 2018). The rating for this inspection has remained good.

Why we inspected

We inspected in order to provide an updated rating for the service

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 safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our safe findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our safe findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our safe findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our safe findings below.

Good ●

Medacs Homecare - Bristol

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 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.

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

We gave a short period notice of the inspection to ensure that the registered manager or senior member of staff was available.

Inspection activity started on 15 June 2023 and ended on 23 August 2023. We visited the location's office on 23 August 2023.

What we did before the inspection

The provider was not asked to complete a provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We reviewed all information we held about the service, including notifications. Notifications are information about specific information and events the provider is required to send us by law. We used all this information to plan our inspection.

During the inspection

We spoke with 5 members of staff based in the office, including the registered manager. We received emailed feedback from 6 members of staff. We spoke with 30 people or relatives of people using the service. We reviewed care plans for 5 people and other records relating to the running of the service such as recruitment information and audits.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse because there were systems in place to act on and report concerns.
- We asked people if they felt safe and they told us they did. One person said "very much so".
- The registered manager investigated concerns and worked with the safeguarding authorities to ensure people were safe.
- Staff received training in safeguarding and knew what to do if they were concerned about abuse occurring.

Assessing risk, safety monitoring and management

- People's care records contained an 'emergency grab sheet' with key information about a person and their medical needs for use to share with medical staff in an urgent situation.
- There were clear risk assessments in place which gave specific and personalised information about the person concerned. These gave information for example about the equipment people needed to use to mobilise safely and whether staff needed any particular training to support the person.
- Staff were proactive at reporting any safety issues as a person's needs changed. For example, we heard about one person for whom staff were concerned about their ability to eat safely. A referral was made to the speech and language therapist and an assessment took place. The registered manager told us the person's care plans and risk assessments were in the process of being updated.

Staffing and recruitment

- There were sufficient numbers of staff to safely cover the care packages in place. Care coordinators told us that when they were planning staff hours, they were able to cover people's support needs. Existing staff were used to cover planned and unplanned absence.
- The registered manager told us that the service was currently trying to recruit new staff to enable them to expand the business.
- Employment checks were undertaken to ensure staff were suitable for their role. This included a DBS check: Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. References were sought from previous employers.

Using medicines safely

- Some people required support with their medicines and where they did this was clear in their support plans.

- The medicines people were prescribed were listed on their care plan. Administration of medicines was recorded electronically. Alerts were created by the system if a medicine was not recorded as being administered as prescribed; this allowed office staff to follow this up with the staff member concerned.

Preventing and controlling infection

- Staff were provided with Personal Protective Equipment (PPE) for use whilst delivering care. This helped ensure good hygiene and prevent cross infection. Staff were reminded about using and disposing of PPE safely in people's care plans.

Learning lessons when things go wrong

- Any incidents and accidents that took place were recorded in people's care records. The registered manager evidently knew people's support needs well and took action if there was any indication of a person's needs changing.

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 our last inspection we rated this key question good. The rating for this key question has remained 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

- Field care supervisors carried out assessments on people when they first started receiving care. This was an opportunity to get to know the person's needs and requirements. The assessment was then used to complete the person's plan of care.
- The assessment covered all areas of people's care including their personal histories and aspects of their daily lives that were important to them. This was reviewed shortly after the package of care commenced to ensure it was working well for the person concerned and to discuss any problems that might have arisen.

Staff support: induction, training, skills and experience

- Staff told us they were happy with the training they received. Comments included, 'I'm highly satisfied with the level of training and support we get', and 'I'm satisfied with all the training I have had and it was explained to me in a way I understand'.
- There was a formal induction process in place for new staff. This included the opportunity to shadow established members of staff until they were confident to work independently.
- Staff told us they received good support and were able to contact the registered manager or senior staff if they needed to.

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

- Not everyone required support with eating and drinking from staff. However, information about people's dietary needs and preferences was included in their care plans.
- If there were any risks associated with the person eating and drinking, these were set out so that staff were aware. One person for example was at risk of choking and staff were advised to encourage the person to clear their throat regularly and ensure they were seated at the correct angle.

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

- Staff worked with other professionals involved in people's care and actively reported any health concerns as they arose.
- When healthcare professionals provided advice and guidance on a particular area of a person's care, this was incorporated into their care plan.

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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- There was clear information in people's care plans about their mental capacity and whether they had a power of attorney in place.
- There was nobody at the time of the inspection with a court authorised deprivation of liberty in place.
- It was evident in daily notes and records that people were encouraged to be independent and make decisions about their own care and routines.

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 our last inspection we rated this key question good. The rating for this key question has remained 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 told us they were happy with the care they received and the staff who supported them. Comments included, "they are brilliant", and "I am quite satisfied".
- Through speaking with staff, it was evident they knew people very well and wanted to provide a good, caring service. The registered manager told us for example how they had supported one person with a deep clean of their home.

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

- People were fully involved in the assessment and care planning process. Family members and relatives were included when appropriate to support the person in expressing their views.
- People's opinions were sought and staff regularly checked with them to see if they were happy with the care they were receiving.
- Direction was given for staff if a person declined aspects of their care. For example, by offering a strip wash if the person did not wish to have a shower.

Respecting and promoting people's privacy, dignity and independence

- People's care plans guided staff in how people wanted their care delivered in a way which promoted privacy and dignity. For example, one person wanted to be covered whilst staff were supporting them with their personal care.
- Care plans confirmed the support required from staff and the aspects of their routines people could manage independently. One person for example was able to make drinks for themselves but required support with food preparation.
- People's preference for male or female care staff were discussed with them and as far as possible this was respected.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained 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

- Care plans were personalised and contained details that were specific and important to the person concerned. For example, in one person's care plan, it specified a particular item they liked to have on their bed with them.
- People's personal histories were discussed with them and outlined in their care plans. This helped build a picture of the person as an individual with their own unique lives and needs.
- The service was responsive to people's changing needs. Staff were proactive at identifying any concerns and updating care plans accordingly.
- An electronic care system was used and staff told us this was simple and easy to follow. The system would alert office staff if any aspect of a person's routine had not been recorded as being complete. This helped ensure people's care needs and support were consistently met.
- Staff told us care planning was clear and easy to use. Providing all the necessary information about the person they were supporting.

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.

- People's communication needs were described in their care records. One person for example required staff to speak slowly and clearly and not overload the person with lots of questions.
- The provider was able to provide information in alternative languages and formats if necessary.

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

- Not everyone required support with social activities. However this was discussed with people at the outset of their care package.

Improving care quality in response to complaints or concerns

- There was a complaints process in place and one formal complaint in the last 6 months. This was in the process of being investigated.
- The registered manager told us they tried to resolve minor problems as they arose so that they did not escalate to a formal complaint.

End of life care and support

- The service wasn't supporting anyone at the end of their life at the time of inspection. However, the registered manager told us they would work with nurses and the hospice to support people at this time if the need arose.

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 our last inspection we rated this key question good. The rating for this key question has remained 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

- There was a positive culture within the service. People were recognised and treated as individuals with their own unique support needs.
- People were happy with their support and gave positive feedback. Comments included, "They know what they are doing", and "I am happy with my carer".
- As part of their role, the registered manager undertook some home visits to people and this helped them get to know people well and understand their 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

- The registered manager had an open and transparent approach to running the service and responded promptly to any issues or concerns as they arose.

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

- The registered manager had a team of staff supporting them in their role. There were two care coordinators in place, managing rotas and taking calls, and two field supervisors carrying out assessments and reviews.
- The electronic care planning systems allowed reports to be generated which gave important information about how the service was performing. There was a member of staff responsible for checking these regularly. This included reports on medications and whether they had been administered as prescribed. Any anomalies were followed up with the staff concerned.
- The registered manager had regular meetings with other managers within the organisation, this was to share good practice and monitor performance of the service against KPIs.
- The registered manager understood the responsibilities of their role, including making notifications to CQC. Notifications are information about specific events which the provider is required to tell us about by law.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People told us they knew the registered manager and felt able to discuss any issues relating to their care package.

- Staff told us that communication was good and that systems such as messaging groups were in place as a means to share important information.
- Area meetings were held with staff covering a particular geographical area to discuss any issues with that patch.

Working in partnership with others

- The registered manager worked with other agencies when required to ensure people's safety and wellbeing. This included health professionals and social workers.