

Medcom Personnel Ltd

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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

Medcom Personnel Ltd is a domiciliary care service providing care and support to people in their own homes. They were providing a service to 22 people at the time of our inspection. CQC only inspects where people receive personal care. Where they do we also consider any wider social care provided.

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

People and their relatives told us they felt safe using the service. Staff knew how to keep people safe and had received safeguarding training and knew how to report concerns. People's risks and wellbeing had been assessed. Staff were recruited safely and were suitable to work with people requiring care. People told us staff supported them to take their medicines safely and as prescribed. Staff were trained in infection control and wore the correct personal protective equipment [PPE] and followed government guidance on managing infections.

Staff received an induction, training and supervision that was suitable for their role. People were supported with food and drink. The service worked with other healthcare professionals to ensure people received the care and support they needed.

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.

People received quality care that was personalised to meet their individual needs. Staff were caring and kind and treated people with dignity and respect. People told us they were very happy with the care they received.

People's needs and preferences had been assessed and staff knew people well. Staff provided people with emotional and social support as well as personal care. People knew how to raise concerns and complaints and told us these were always responded to quickly.

People and staff told us the service was well run and the registered manager was approachable and supportive. There were quality assurance systems in place to monitor the service. The registered manager was a member of health and social care organisations and sought regular support from these agencies.

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

Why we inspected

This service was registered with us on 30 December 2015 and this is the first inspection due to the service not providing personal care for some of the time since their registration. .

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

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 ●

Medcom Personnel Ltd

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was undertaken 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.

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

Notice of inspection

This inspection was announced. Due to the pandemic, we gave a short period notice of the inspection to enable us to collate as much information as possible virtually to minimise the time spent by the inspection team visiting the provider's office.

Inspection activity started on 21 June 2021 and ended on 9 July 2021. We visited the office location on 1 July 2021.

What we did before the inspection

We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service and two relatives about their experience of the care provided. We spoke with four members of staff including registered manager and care workers.

We reviewed a range of records. This included three people's care records and medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We received feedback about the service from two professionals.

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 for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person said, "I'm definitely safe, I live alone, they [staff] always ask how I have been during the night." A staff member said, "We check people's doors and windows, follow up on any strange phone calls and remind people not to give their personal details out to anyone."
- Staff had received training in safeguarding and knew how to recognise and report signs of abuse. One staff member said, "If we have the slightest worry its reported so it can be checked out. I would report to the local authority or CQC if I needed to."
- There were systems in place to record and investigate safeguarding concerns. Staff told us there was a safeguarding policy and where they could find it. The registered manager was aware of their responsibility to report concerns to the local authority.

Assessing risk, safety monitoring and management

- Peoples risks had been assessed before the service agreed to provide care and were regularly reviewed. Risks associated with peoples care and support needs had been identified and guidance provided to enable staff to manage risk.
- Staff were aware of peoples risks and how to manage them. One staff member said, "Risk assessments are good and very detailed." One person said, "They come at the right time, absolutely."

Staffing and recruitment

- There were enough staff working for the service to provide the care calls people needed. One staff member said, "I have enough time with people and see the same people."
- Staff had been recruited safely an in line with the company's recruitment policy. The registered manager had carried out the necessary checks such as Disclosure and Barring Service [DBS] and obtaining references from the most recent employer to ensure staff were suitable to work with people who use care and support services.

Using medicines safely

- People's medicines were managed safely. One relative said, "[Relative] has medicines that must be given every day, staff make sure [relative] has these, which is a weight off my mind."
- Staff were trained to give medicines and had regular competency assessments. One staff member said, "Medicines are most important. We check the it's the right medicine, expiry date and the medicines administration record [MAR]."
- Medicines were audited regularly to ensure administration was safe. Any discrepancies were investigated and actioned.

Preventing and controlling infection

- Staff had been trained in infection control and were following recommended personal protective equipment and good practice guidance.
- The provider was following current COVID-19 testing guidelines for staff. One staff member said, "I have been going to the office every Monday to get tested."

Learning lessons when things go wrong

- Systems were in place to record accidents and incidents. As part of the quality assurance systems, the registered manager analysed any incidents and shared lessons learnt with staff at weekly meetings.

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

- People's needs and choices had been fully assessed and recorded to ensure they received the care and support they needed.
- Care plans contained a snapshot assessment, including people's life histories, hobbies and interests. This ensured staff were able to focus on the information that was most important and relevant. A staff member said, "Every person has a care plan, I make sure I read this. Some people need personal care and for others its emotional care that's needed."
- People's needs were regularly assessed to ensure the care they received met their needs. People and relatives were fully involved in these reviews.

Staff support: induction, training, skills and experience

- Staff received an induction and training when they started at the company that was suitable to their role. This included mandatory training and shadowing other experienced staff members. One staff member said, "I had an induction, training and shadowing which gave me everything I needed to know."
- People told us they felt staff had the right skills and were well trained. One person said, "They [staff] are well trained. There is always someone to train new staff that come."
- Staff received regular supervision and support from the registered manager. One staff member said, "I had never worked in care before, I feel much more confident now. The registered manager tells you what you need to do, step by step."

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

- People were supported to maintain a balanced diet.
- People's care plans recorded their dietary needs and preferences. Staff said, "We always let people choose what they want to eat."
- People told us they were happy with how they were supported to eat and drink. Feedback included, "They [staff] are very good with meals, take [relative] to the kitchen and ask what they would like to eat." And, "They [staff] always make a sandwich and a cup of tea for me in the evenings."

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

- People were supported with routine and specialist healthcare. A relative told us, "We have a rehabilitation appointment once a week. I call the company [Medcom Personnel Ltd] and they make sure the staff come at a specific time that day."
- Staff worked with other healthcare professionals to ensure people received the support they needed.

Records showed staff had contacted a person's GP when there were concerns about a person's health.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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

- Staff had received training in MCA and understood the importance of giving people choices. One staff member said, "Some people can't make decisions. In that situation, check the care plan to see what the person likes to eat and how they are cared for. I always support people with their choices."
- People were supported to make their own choices and decisions. One person said, "I always get to choose what I want to wear." A care plan recorded a person may choose to eat food that might not be healthy for them, but staff should support the persons choices and provide the support needed.

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 and relatives told us they were very happy with the care and support they received. They said, "They [staff] have become part of the family." And, "They [staff] are really caring people, I'm so grateful to have them. They bend over backwards to help me."
- People received regular calls from the registered manager to ensure they were happy with the care provided by staff.
- Care plans recorded people's choices and preferences about how they would like to be cared for including any cultural or religious needs.

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

- People and their relatives felt involved in planning care. One relative said, "The first time they [staff] came, there were two of them. They [staff] did all the paperwork with me."
- People told us, and records showed care was regularly reviewed to ensure people's needs were met. One relative said, "They [staff] do reviews, nothing has really changed for us."

Respecting and promoting people's privacy, dignity and independence

- People told us they were treated with dignity and respect. A staff member said, "I always make sure I ask permission and tell people what I am doing. I make sure doors and curtains are closed during personal care."
- People were encouraged to be independent. One person's care plan recorded how staff could support the person with preparing a meal of their choice.

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

- People's care plans were person centred. Staff understood what person-centred care was and how to provide people with choice. One staff member said, "Person centred care revolves around the person, it's not about me. People get the care they need."
- Peoples care needs and choices had been clearly recorded in their care plans. Staff told us they spent time getting to know people. One staff member said, "I talk to the people, find out about them. It's their home, you have to ask people and respect them."

Meeting people's communication needs

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

- People's communication needs had been assessed and recorded. Where people wore glasses or hearing aids, there was information in their care plans to support staff.
- The registered manager was aware of AIS. One person who was diagnosed with dementia had large print instructions in their kitchen on how to use the equipment.

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

- The service was not supporting anyone to take part in social activities at the time of the inspection, but staff had provided support to people by collecting shopping and medicines when needed.
- Staff supported people by spending time talking to and engaging with them. One person said, "They come and watch TV with me." Another said, "We have a good chat and a laugh."

Improving care quality in response to complaints or concerns

- People and relatives had been given information about how to make a complaint and who to contact.
- Where complaints had been raised the registered manager had fully investigated these and taken action to rectify the situation.

End of life care and support

- Staff had received training and support in end of life care. A staff member said, "End of life care is quite difficult, but I've had training and get support from the registered manager."
- People's wishes had been discussed and recorded in their care plans.

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

- People received person centred care that was tailored to their needs and supported good outcomes. The service had continued to provide good care during the COVID-19 pandemic despite government restrictions.
- People were complimentary about the service and said they would recommend Medcom Personnel Ltd to their friends and relatives. Comments included, "I would recommend the service to my friends, they are very efficient," And, "They are a good company, I have recommended them to a relative's friend." A relative said, "I am really grateful to have them [staff] here, they work hard."
- Staff and people using the service were positive about the registered manager and how the service was managed. Comments included, "They are great to work for, I love it. The manager will sort problems out, they are very approachable." And, "I have met the [name of registered manager], they call to check on me."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 good oversight of the service and was able to demonstrate a good knowledge of people's individual care and support needs. Both the registered manager and staff told us how important it was to them to provide high quality, compassionate care. A staff member said, "The people are so lovely, and staff are really understanding of people's needs."
- The registered manager was open and honest and understood about investigation and reporting any incident that might place people at risk of harm. They were aware of their responsibility to submit notifications to CQC.

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

- People and relatives were contacted regularly to ensure they were happy with the service being provided. We viewed records from recent phone calls which were all positive.
- Staff told us they received regular support from the registered manager in the form of spot checks, supervisions and staff meetings. A staff member told us, "[Registered manager] is supportive. I have regular supervisions and spot checks." Another said, "You can go to the registered manager, they always respond."
- The registered manager told us staff were encouraged to speak up at team meetings and share their views. There was an employee of the month scheme in place at the service where staff could vote for a team member to receive recognition for their work.

Continuous learning and improving care; Working in partnership with others

- At the time of the inspection a new manager had been employed and was being trained to become a registered manager to ensure the branch ran smoothly and the business could grow.
- The provider worked in partnership with people, their families and health and social care professionals to ensure people received the right care. Records showed where the provider had sought support from social services and made appropriate referrals to GPs and district nurses.
- The provider was a member of professional associations for health and home care providers and regularly sought out support and training and mentorship from these organisations.