

Medacs Healthcare PLC

Medacs Healthcare - Beatrix House

Inspection report

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Date of inspection visit:
03 October 2018
04 October 2018

Date of publication:
19 November 2018

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

Inspection site visit activity started on 3 October and ended on 29 October. It included speaking to people who used the service, their relatives and care staff. We visited the office location on 3 and 4 October to see the manager and office staff; and to review care records and policies and procedures.

We gave the service 2 days notice of the inspection as the registered manager managed more than one service and we needed to be sure they would be available. The inspection was carried out by one adult social care inspector.

The service is based in Beatrix House, an extra care scheme in Dukinfield, Tameside in Greater Manchester. The service provided care to people living in Beatrix House and also to people living in their own homes in the local area. At the time of our inspection the service was providing support to 150 people.

The service had a registered manager in post. The 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.

People told us they felt safe and processes were in place to investigate any concerns that were raised. Care workers had been trained to recognise and report any signs of abuse.

Assessments were in place explaining to care workers how to support people to do the things they chose in as safe a way as possible. These detailed how to support the person and what equipment they needed.

The service ensured there were enough staff on duty and care workers had rotas that allowed them to spend the appropriate time with people and travel to the next visit without rushing.

People received support to take their medicines safely. Records relating to the support people needed were usually clear, but we have recommended the service review one of the forms it uses to make it clearer.

People had their needs assessed taking into account their choices and preferences, including any cultural or spiritual needs.

Care workers were trained and systems were in place to ensure their training was up to date. Care workers were encouraged to do extra training above the required minimum.

Care workers told us they felt supported by management and had regular supervisions where their work and needs could be discussed.

Before any support was given people were asked for their consent and where people lacked capacity to

make decisions for themselves, processes were in place to ensure decisions made were what the person would want and in their best interests.

People told us they were treated with respect and kindness by care workers who knew them well. Care workers' rotas allowed them time to spend with people without rushing.

People were encouraged to remain as independent as possible and allowed to do the things they could for themselves.

Technology was used wherever possible to improve the service and encourage people's independence.

Complaints were used to identify any learning and improvements that could be made to the service. People told us they felt able to speak up if they weren't happy.

The service had processes in place to be able to care for people in their homes as they neared the end of their life if this was what the person chose.

Care workers and people receiving support told us they felt the manager was approachable and would listen and act on any concerns or suggestions made.

People and care workers were regularly asked to contribute ideas on how the service could be improved.

The service analysed incidents to identify any themes or patterns both within the service and other services run by the same provider.

The service worked well with other agencies such as the local authority and police in addition to other healthcare professionals.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People told us they felt safe and processes were in place to identify and investigate any concerns about people's safety.

Checks were done on people's backgrounds before they started work to ensure they were suitable to work with vulnerable people.

People received support with their medicines from trained staff.

Is the service effective?

Good ●

The service was effective.

Staff told us they felt well trained and supported by management and were encouraged to undertake additional training.

People's choices and preferences, including cultural choices were included as part of their support plan.

Processes were in place to make decisions for people who could not make decisions themselves. Where people could make decisions, people told us they were asked for consent before they were supported.

Is the service caring?

Good ●

The service was caring.

People told us they were treated with friendliness and compassion.

People were encouraged to remain as independent as possible.

Information was available for people in ways they could understand.

Is the service responsive?

Good ●

The service was responsive.

People and those close to them told us they were involved in planning their care in the way they chose.

Activities were available for all people using the service to take part in at Beatrix House.

If people chose to, the service could provide support for them at the end of their life.

Is the service well-led?

Good ●

The service was well led.

The service had a registered manager who people felt was approachable and would listen to them.

Incidents and complaints were analysed to see if things could be changed to improve the service.

The service worked well with other organisations for the benefit of people using the service.

Medacs Healthcare - Beatrix House

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.

Inspection site visit activity started on 3 October and ended on 29 October. It included speaking to people who used the service, their relatives and care staff. We visited the office location on 3 and 4 October to see the manager and office staff; and to review care records and policies and procedures.

We gave the service two days' notice of the inspection as the registered manager managed more than one service and we needed to be sure they would be available. The inspection was carried out by one adult social care inspector.

Before the inspection we reviewed information that we held about the service and the service provider. This included notifications which the provider had told us about, information from other agencies such as the local authority and clinical commissioning group and information from whistle-blowers and the general public.

During the inspection we spoke with the manager of the service, the regional manager, four people using the service, two relatives of people and three members of staff.

We looked at the recruitment records of four staff, the care records of four people, supervision and training records, staff rotas and other records relating to quality and audit checks done by the service.

This was the first inspection of this service since it was registered with CQC.

Is the service safe?

Our findings

People we spoke with told us they were made to feel safe by the care staff. One person told us, "Oh yes, I definitely do [feel safe]." The service had safeguarding and whistleblowing processes in place to help protect people from harm. Care staff we spoke with understood their responsibilities in identifying and reporting any signs of abuse. The registered manager told us, "Care workers are given the number of our Human Resources department so they have an external person they can speak to if they feel uncomfortable speaking to us [in the office]."

Risks to people were assessed and where people needed support to do the things they wanted to do, their care records were detailed and explained how care workers should support them and what equipment should be used.

Assessments of people's needs were reviewed regularly and registered manager explained that the newest review was loaded into the service's rostering system so it could be accessed by the office team immediately, including when office staff were on call out of normal office hours. The newest review was also in place in the person's home.

The service employed sufficient staff to meet people's needs safely. Care workers told us they felt their workload was manageable and they had time to travel between different people's homes. One care worker told us, "The runs are good. They flow well so you're not going from one side [of the town] to the other." People using the service confirmed they did not feel rushed by the care workers. One person we spoke with said, "They always stay as long as they should. If they finish early they ask if there is anything else I need."

The registered manager explained that the rostering system had been set up to automatically build in travel time between visits and an electronic call monitoring system was being used so the care workers could confirm they had arrived and left the call safely.

Appropriate checks on people's background were made before they were offered employment. These included checks made with the Disclosure and Barring service (DBS). The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. Additional checks were done on the identity documents provided by applicants to ensure they were genuine. These checks helped to ensure only suitable applicants were offered work with vulnerable adults.

Where people needed support with their medicines, assessments were in place to identify what support the person needed. Care workers were trained in supporting people with their medicines and care workers we spoke with felt confident in doing so. The service employed field-based Service Quality Assessors who had received additional training from a local pharmacy in medicines management and they performed quality checks to ensure people were receiving the correct support. The assessors also undertook competency checks on care workers to ensure they had the appropriate skills and knowledge to support people safely with their medicines.

Where possible, people were encouraged to have their medicines put into 'blister packs' by the pharmacist. A blister pack is a foil-sealed compartment which contains all the medicines a person needs to take at a given time of the day. Where possible, pre-printed medicine administration records (MARs) from the pharmacist were used to reduce the risk of transcription errors when hand-writing MARs.

MARs we looked at were largely clear and fully completed, however we saw one person's record that indicated they had a medicine to be taken as they needed it (PRN) however they had not been prescribed any PRN medicines. We discussed this with the Service Quality Assessor who explained the PRN medicine box was used to indicate to care workers that not all the person's medicines were in the blister pack.

Care workers we spoke with understood what PRN medicines were and how they were different from medicines that were taken on a regular schedule. Care workers told us they understood that the PRN box was ticked if there were other medicines separate from the blister pack.

We recommend the service review the form used so it is clearer whether or not a person is prescribed PRN medicines and whether there are additional medicines the person has been prescribed that are not in the blister pack.

The service worked with a medicines assessor employed by the local authority to help ensure people received the appropriate medicines safely. The registered manager told us, "If someone isn't compliant with their medicines we can refer them [to the medicines assessor] to see if we can do things in a different way."

Where people has difficulty swallowing, we saw records indicating they had been referred to specialists such as Speech and Language Therapists (SALTs) for advice on how they could take their medicines safely. The advice given from the SALT was clearly recorded in the person's care plan so the information was available for care workers.

People were protected from the risk of infection. Care workers had undergone infection control training and care workers we spoke with demonstrated they understood good infection control techniques and told us they had sufficient supplies of disposable personal protective equipment (PPE) such as gloves and aprons.

The service used incidents and concerns raised by people as an opportunity to learn. The registered manager told us, "We want people to be able to speak up when things go wrong so we can look at why they have gone wrong. Everyone makes mistakes but we want to look at why they are making them. Is it because they need more training, are they tired, is there not enough time on the call or is it something outside of work?" Care workers we spoke with told us they felt able to speak to the office team if they had any concerns. One care worker we spoke with told us, "I never feel I can't phone if anything happens."

Is the service effective?

Our findings

People's care records contained information about their psychological wellbeing and the person's capacity to make decisions. Where the person needed support to make decisions then this was detailed in their support plan. People we spoke with confirmed the care workers asked their consent before supporting them.

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 service was acting within the principles of the MCA.

People's assessments also identified whether care workers needed any additional training to enable them to be able to support the person. Care workers we spoke with told us they felt confident they had appropriate training to support people safely. One care worker told us, "Training was really good. I felt confident I knew what I was doing." Another care worker told us, "I'm happy with the training. You're prepared and not expected to go into a place not knowing what you need to do."

New care workers were contacted both by the office staff and the central recruitment team to check on their well-being and whether they needed any other training. The registered manager said, "We have a structured form that the coordinators use. We make a point of phoning [new care workers] just to see how they are rather than asking them to pick up a call. Recruitment make a call too in the care worker's fourth week. Sometimes the coordinators don't like the feedback but we need to take it on board and learn from it."

All care workers were enrolled on the Care Certificate which is a nationally recognised set of standards and competencies and they were encouraged to study for additional vocational qualifications. Care workers we spoke with told us, "It helps me as I'm learning more" and "It's nice being offered additional qualifications. You feel like you're able to progress."

The registered manager told us, "The training is entered into our rostering system so if the training has lapsed then the system stops them from working. The coordinators get a weekly email saying which training is expiring in the next three months so the care workers have plenty of time to complete it."

Other quality and performance reviews were also stored in the rostering system which enabled coordinating staff to ensure people using the service had regular quality checks completed and that care workers received timely supervisions and appraisals.

Care workers we spoke with confirmed they had regular supervisions and felt supported by the office team. One care worker we spoke with said, "If I don't know something I will always ask. They are patient, they explain. You never feel you can't ask anything." Another care worker said, "The office really back you up."

People receiving support with their meals told us care workers made sure they had enough to eat and drink. One person we spoke with told us, "They help me with every meal. They ask me what I want then get it for me. They know how I like it." People's care records contained detailed information about their preferences and choices for food and drink including any choices based on their culture." Care workers we spoke with explained, "We try and encourage people to have a balanced diet but we can only encourage them. They have the choice to eat what they want."

The service worked well with other agencies such as GPs, district nurses and pharmacists to ensure people received appropriate support. Where a person received regular support from other professionals such as district nurses, their support plan explained this and directed staff to read the notes made by other professionals to fully understand how they were being supported. Where advice relating to how a person needed to be supported had been given by other professionals we saw this had been included in the person's support plan.

Is the service caring?

Our findings

People we spoke with told us they were treated with friendliness and compassion by the care workers. One person we spoke with said, "All the [care workers] who come are very good but [care worker's name] is wonderful." Another person told us, "They're friendly and helpful. I've had no problems whatsoever."

People told us they had regular care workers which they felt knew them well. A relative of someone using the service told us, "I asked for regular care workers when we started and I got regular care workers. The care workers know [my relative] really well now. They're smashing." A person using the service told us, "They are 100% on time and it's the same care workers every time. The only time they have been late is when another person has had a problem and they've stayed to help them out. They told me they were running late so it was no problem. It's nice to know they would do that for me if I ever needed it."

Care workers we spoke with confirmed their visits were regular. One care worker we spoke with said, "I have the same people all the time. I know them and I can look after them properly. If something changes like they are off their food I can notice and check they're ok." Another care worker said, "We have the same people every day as far as possible. You get to know them and their little quirks and how they like things done and they get to know you."

People told us they were allowed to make choices and remain independent. One person we spoke with told us, "They help me get up but I can wash myself so they keep their distance and let me do that for myself. After that they help me get dressed then make me breakfast and a brew." Another person said, "They give me just what I need and understand how much care I want."

The service had an equality and diversity policy in place and care workers underwent equality and diversity training. People's practical and emotional needs were assessed, taking into account the person's choices, culture and preferences. Care workers we spoke with were aware of the importance of being aware of a person's cultural needs and choices.

The registered manager told us they were involved in a project with the local authority to review all people who received visits from two care workers to see if there was any technology that may promote their independence and allow them to be supported by one care worker. This project was ongoing at the time of our inspection.

Care workers told us they worked well together as a team and supported each other. One care worker told us, "Colleagues are very supportive and will always help you." Another care worker said, "We work as a team to cover calls if someone is on holiday or off sick." Another care worker added, "I can go home at the end of the day and feel like I've got something out of the day."

Is the service responsive?

Our findings

Support plans detailed how the person wanted to be supported to achieve their goals and the person's goals were broken down into smaller tasks detailing which things the person could do for themselves and which they needed support with. The support plans explained what equipment the person needed to support them with the tasks. The registered manager told us, "We are in the process of renewing all our paperwork to make sure it has got enough detail. Some of our older plans lacked a bit of detail so we started with the older ones first."

People we spoke with told us they felt the support they received was personal to them and reflected their needs. One person told us, "They make me feel special and always ask how I am and don't just walk in, get my meal and walk out." People's care records contained information relating to both the physical and emotional support the person needed, including their cultural or religious needs. People told us they felt involved in writing their support plans and they were involved in the regular reviews of them.

The Accessible Information Standard (AIS) is a regulation which aims to make sure people are given information in a way they can understand. The service met this regulation by identifying and recording people's communication needs in their care records and these were flagged so the information could be shared where appropriate with other agencies.

People's care records explained steps care workers should take to support people to communicate. One example we saw read, "[Person] can't speak but can understand so it's important for care workers to have a conversation with them. [Person] can indicate yes or no using facial expressions so ensure they are given choices."

The registered manager told us that to help people communicate the service used software which converted people's speech to text. A person we spoke with told us, "They use simple words to help me understand."

At the time of our inspection other technology was being trialled to see if it could be used to improve the service. In conjunction with the local authority the service was trialling the use of iPads so if a person was unwell the iPad could be used to call a triage nurse and allow them to see the person immediately rather than requesting a home visit from the person's GP. The registered manager said, "We need to keep moving with the technology rather than just trying the same thing. We're looking at a paperless system for care records to protect people's privacy and data security."

The service was based in a building where activities were available for residents of the building but everyone using the service was encouraged to come and take part. The registered manager told us, "It's important that people know there are things going on here and if they want to come and join in then we will help them to do so."

We saw a person's care plan which explained that the person wanted to remain involved in the local community but felt worried that their medical conditions would prevent them from doing so. The care plan

explained the solutions that had been suggested to the person and the support they could receive to enable them to do this and that the person would give it some thought. The registered manager told us, "They really want to come but they are nervous about it. We'll give them some time to think about it then ask them how they feel about it."

The service encouraged people to share their views and people we spoke with told us they knew how to complain and felt any concerns they had would be listened to. A relative we spoke with told us, "Any time I have raised anything with the office they have responded very quickly and sorted it out. They're very good." The registered manager told us, "We have given office staff complaints handling training as we felt there was a gap in the training for when things go wrong, for example complaints handling or what happens when a visit is missed. We are giving the same training to the Service Quality Assessors so they feel more able to deal with things in the field."

The service recorded all complaints to identify if there were any patterns that could indicate where the service could be improved. We saw a review in a person's care plan which indicated a complaint had been discussed with the person to see if the changes made had improved things and the person confirmed that they had improved."

At the time of our inspection nobody was receiving care at the end of their life. The registered manager told us that if people needed this support and wished to remain at home then they would work with the other healthcare professions such as their consultant, GP and district nurses to ensure the person was supported in the way they chose.

Is the service well-led?

Our findings

The service employed a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 registered manager understood their responsibilities and was notifying CQC and other organisations when certain events happened in the home in line with their responsibilities.

The registered manager was responsible for another service and spent time at both locations. Care workers we spoke told us they felt they had the same support from the office on the days the registered manager was not on-site. One care worker said, "The office runs without the manager fine."

Care workers told us they felt the manager was approachable and they felt they could raise any suggestions with them to help improve the service. The registered manager said, "We had a staff forum which was really useful and gave me some good ideas about how we can improve things. We are trying to encourage attendance at the forums."

The provider had recently appointed a support team specifically for the domiciliary care services it has. These included a National Quality and Compliance Manager who was responsible for maintaining quality and improving standards across the services. The registered manager told us, "The National Quality and Compliance Manager is going through all our policies and procedures making sure they reflect up to date guidance and best practice. It's a massive help to have the support and know there is someone there to support me when I need it."

People were engaged in developing the service. People using the service were sent surveys twice a year to ask them for their views. The responses were collated and analysed and compared against the other services run by the provider to see where improvements could be made. People we spoke with told us they were often asked by the service how things were and felt listened to.

The provider also had an internal social media site where people could contribute and comment on news articles and business announcements. The provider also ran schemes to recognise and reward care workers and office staff and anybody could nominate people for the awards. The registered manager told us, "Whether the care worker wins the award or not we feed back to them that they have been nominated and why. It's important they know when we receive positive feedback."

The registered manager was responsible for creating a monthly report for the provider which contained information about accidents, incidents, complaints and compliments. The report also contained information about staff retention. These reports were analysed by the provider to ensure that best practice and good ideas were shared across its services. The registered manager told us, "It's really useful as we make sure we go through things and make sure we do something about it rather than just filling a report in."

The service worked well with other agencies and at the time of our inspection was participating in a number of initiatives with the local authority. In conjunction with the police, the service had created an anti-fraud marketing campaign to raise awareness off the issue with both people using the service and the wider community.