

Medacs Healthcare PLC

Medacs Healthcare - Leicester

Inspection report

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Date of inspection visit:
29 October 2019

Date of publication:
10 December 2019

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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 Healthcare-Leicester provides personal care to adults with a variety of needs living in their own homes. This included older people, people with a sensory impairment, people with physical disabilities, people living with dementia and younger adults. At the time of the inspection there were 148 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 told us they were well cared for and felt safe with the staff providing their support. Risk assessments were current. Accidents and incidents were recorded and followed up by management. All staff and management had a clear understanding of safeguarding. Medicines were managed safely. Staff knew how to reduce the spread of infection.

Recruitment and selection processes were in place to ensure the service employed staff committed to person-centred care. There were sufficient staff to provide care for people. Staff received induction and training relevant to their role. Regular supervision and team meetings were in place.

People's care plans were holistic and individual to them. Care plans were reviewed and updated on a regular basis. Staff supported people in the least restrictive way possible and people were able to exercise choice and remain in control of their lives. The service was committed in policy and practice to providing a supportive service which promoted wellbeing.

Staff cared for people in a respectful way that promoted their dignity, privacy and independence. Staff had formed good working relationships with people which promoted mutual respect. People had a voice in their care. The service was committed to continual improvement and sought regular feedback from people and their relatives. People felt confident to raise concerns with the service.

The registered manager was committed to delivering safe and high-quality care. Quality Assurance processes and personnel were in place to analyse feedback and to audit staff competencies and performance. Staff were encouraged to bring forward ideas on service improvement. The management team supported staff to improve their skills and knowledge. There was a commitment by management to continuous improvement.

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

Rating at last inspection

The last rating for this service was Good (published 2 May 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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 ●

Medacs Healthcare - Leicester

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 carried out by an 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.

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

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 29 October 2019 and ended 1 November 2019. We visited the office location on 29 October 2019 and made calls to people, relatives and staff on the 31 October and 1 November 2019.

What we did before the inspection

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 reviewed information we had received about the service since the last 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 14 people who used the service and eight relatives about their experience of the care provided. We spoke with eight members of staff including the regional operations manager, registered manager, care manager and care staff.

We reviewed a range of records. This included four people's care records and risk assessments. We looked at three 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 additional information sent by the provider including guidance for end-of-life care, the Mental Capacity Act policy for the service and the revised staff handbook.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safe from avoidable harm. There were systems, policies and processes in place to report, record and investigate safeguarding concerns.
- Staff were aware of how to recognise abuse and when to report it. A member of staff told us, "If I had any concerns I would report it to my manager."
- Family members told us their loved ones were safe. One said, "Staff have been coming to us two years at least. Yes, [person] is safe and well looked after."
- The registered manager was clear on their responsibilities to report safeguarding incidents to relevant authorities. Records we viewed indicated this was routinely completed.

Assessing risk, safety monitoring and management

- Risk assessments were in place for people and reflected their individual needs. Risk assessments were detailed and offered staff guidance on ways to minimise risk.
- Where changes were required to a risk assessment or where a new risk was identified, the service completed a review to support people to remain safe.
- Staff told us they had time to review risk assessment and care planning documents and were alerted to any changes. Staff said they always read communication records upon arrival to a person's home to keep up-to-date on any developments.

Staffing and recruitment

- The service employed sufficient staff to provide care to people. Additional staff were available to cover short notice requests for care or shortfalls in staffing.
- The service had a robust recruitment process which involved initial screening of applicants, interviews, background checks and references. Staff received an induction, worked with senior staff and had competency checks prior to working with people on their own. Spot checks and audits were in place following training to ensure good working practice of staff.
- People told us that their care was generally on time with occasional calls that run late. One person said, "The carers come at a nice regular time each morning recently" and another said, "Every single carer I've had has been faultless."
- People expressed satisfaction with the consistency of regular staff. People told us that changes to staff rotas took place occasionally, but other staff were sent to provide care.

Using medicines safely

- Medicines were managed safely. A detailed medicines policy was in place.

- Staff received competency checks during their training on administering medicines. Spot checks and audits were conducted regularly.
- Where errors were recorded in the administration or recording of medicines a thorough investigation process was undertaken. Options included further training, monitoring and audits of staff.
- Families felt people were well supported to take their medicines. A family member said, "No concerns, [name of staff] is efficient they give [person's] medication and supervise them taking these."

Preventing and controlling infection

- The service had an infection control policy in place. Training on infection control was provided.
- Staff followed good infection control practices. Staff wore personal protective equipment (PPE) to reduce the spread of infection.
- Staff were aware of the need to keep people's home environments clean and hygienic.

Learning lessons when things go wrong

- Accidents and Incidents were well-recorded by the service. In instances where actions or inactions contributed to these, the service had processes in place to re-train staff through supervision or formal training.
- In one example, a person refused their medicines but asked the staff to leave it for them to take later but they were not taken. The staff member was retrained in respect of the medicines policy and other staff were reminded of best practice.

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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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 were fully assessed prior to the start of their services.
- People and their families were encouraged to be involved in their assessments and development of care plans. When changes were required to care plans, people and their families were included in these reviews to ensure mutual understanding.
- People's care was delivered in line with best practice guidance. The service used recognised assessment tools to support safe moving and handling, skin integrity and nutrition and hydration.

Staff support: induction, training, skills and experience

- People were cared for by staff with the skills and knowledge to provide safe and quality care. Staff had a detailed induction and additional training based upon their experience in care.
- Training included opportunities for staff to work with senior care staff in a shadowing role. Senior staff conducted competency checks before staff provided care on their own and audits and spot checks ensured consistency of care.
- Staff we spoke to felt confident in the training they received. One member of staff told us they felt, "Prepared and well-trained" and said any training needs identified would be supplied by the service. Another member of staff said they were looking forward to additional 'Mental Health' training that was being developed by the service.

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

- People were supported to have meals and drinks where required. People's dietary requirements were captured at the point of assessment and people's preferences were part of their care plan. One member of staff told us, "It is important to ask about people's likes and dislikes and to review communication logs. As I help [person] with their shopping I know what things they like to have at home."
- Any risks relating to food intake including allergies or choking were noted and risk assessments in place to provide guidance to staff. Where professional involvement was required, appropriate referrals were made.

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 to maintain good health. Where concerns about their health presented, staff contacted health services (GPs, District Nurses, Occupational Therapists) to refer people for further assessment and treatment.
- Staff told us they knew people well and could recognise subtle changes in a person's presentation. Staff said where there was any concern about a person's health it would be reported right away. In cases of a

person having serious illness or injury, all staff we spoke to were able to explain the steps they would take to seek treatment.

- A family member told us, they were cancelling the care package because the person had improved in health and confidence following 'reablement' care provided by the service. The family member was grateful for the assistance in returning the person to full independence.

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 make 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 whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The service had a current Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS) policy in place.
- Staff were aware of the principles of the Act and their responsibilities to ensure people could make decisions regarding their care and support wherever possible. Where people lacked capacity for a particular decision staff were aware of the need to involve management, the person, their families and other involved professionals in making a best interest decision.
- Decision-specific MCA assessments and best interest decisions were in place.
- Staff gained consent from people prior to assisting them with care. A staff member told us, "People might make a decision not to engage with care. If this happens, we wait and ask again but respect and document the choice."

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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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 were treated with kindness, respect and compassion. Staff and people formed good working relationships based upon trust and mutual understanding.
- There was consistency of staff enabling people and staff to form bonds. Staff told us that people they worked with, sometimes for many years, were "Like family." A family member told us, "The care my [family member] receives from [staff member] is exceptional and they have cared for them for many years."
- People used positive words to describe the care received from staff. One person told us their staff were, "Efficient, caring and friendly." Another said, "I am (older age) and [staff] cares for me daily. (They are so efficient, friendly, brilliant and medically first class."
- Staff were aware of people's different lifestyles, cultures and preferences. Staff understood these differences and were respectful of people as individuals.
- People were appreciative of the impact staff made in their lives. One person presented a staff member with a pin shaped as a puzzle piece and told them, "You complete my life."

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

- People and their families were involved in the development of assessments and care plans. People's preferences and choices around how their care should be delivered was recorded in care plans.
- The service conducted quarterly calls to all people to gain their opinions on their care. People were asked how their care was going, for feedback on staff and whether there were areas where the person wished for improvements to be made.
- Staff told us their close bonds with people made it easy to have conversations about their care preferences. One staff member said that once they have worked with a person for a while they understand most of these preferences without needing to ask each time.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected by staff. One staff member said, "I close curtains and doors to maintain privacy and if others are in the home I ask them to step out of the room (for personal care)." Another staff member told us they ask people how they want their care delivered each time.
- Staff recognised the importance of keeping people's personal information private except in cases where it needed to be shared for their wellbeing. A staff member said, "I don't talk about a person's care or affairs with others – I don't interfere." A member of office staff told us, "We ensure everyone's personal information is locked up"
- People's abilities were documented in their care plans to promote their independence. One care plan had

a breakdown of the parts of tasks where the person was independent and the parts where assistance should be offered. Staff said they encouraged people to be involved in their care and to complete the tasks they could independently.

- People felt respected by the staff. One person told us, "Staff working with me have always been very nice and they treat you with respect and help you in any way that they can - really supportive."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to 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 and support plans were person-centred, individual and reflective. Plans contained detail of people's likes and dislikes regarding things like food, preferences of the gender of staff supporting their care and details of their cultural needs. People felt staff respected their wishes and feelings. One person said, "Carers are very understanding to my likes and dislikes, wants and needs."
- Staff understood the importance of person-centred care. A staff member described it as, "To cater a package of care to that person; that person receives an individual approach."
- Reviews of care and support plans were regularly held and where changes were required before a scheduled review they were brought forward.
- Care plans included information specific to people's histories, interests and hobbies. A staff member told us, "I read in a person's plan that they were interested in science. I regularly bring them a 'New Scientist' magazine. After they read it we discuss some of the articles."
- Staff with language skills, diverse cultural backgrounds and specific experience were in place to improve the service offer to people with different care or cultural requirements.

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.

- Care plans were written to include people's communication needs. Plans detailed how staff needed to respond to non-verbal or behavioural cues, whether people had hearing or visual impairment and where people spoke a language other than English.
- The registered manager was committed to providing information in a format people could understand. The service had the capability to produce all written materials in large print, easy read and different language formats.

Improving care quality in response to complaints or concerns

- A complaints policy was in place. Systems were in place to record and investigate complaints. Responses to formal complaints were made within established timescales.
- People were aware of how and when to make a complaint. One person said, "I'm satisfied (with my care) and rest assured, if anything concerned me I'd give my opinion straightaway. Because good quality of care

is the most important thing to me."

- Outcomes to complaints were used to inform learning, whether at an individual staff level or for all staff. An example of this involved a complaint about a member of staff and their understanding of professional boundaries. This resulted in the service reviewing the information it presents on this subject during staff induction and developing this training further.

- The service developed a response system for any time a medication error is recorded. This system includes investigation, re-training, additional performance monitoring and possible disciplinary action.

End of life care and support

- At the end of their lives, the service worked closely with people and their families to ensure that their care was in line with their wishes. Where possible, the service supported Advanced Care Planning and documented people's wishes in their care plans.

- Thorough guidance on end of life care was developed by the service. The guidance included sections on planning, delivery of care, meeting spiritual needs and care after death of the person as well as the family and staff.

- Although no one was currently identified as being at the end of their life at the time of our inspection, staff were aware of the guidance and felt prepared to assist people in their final days in respect of their personal, spiritual and cultural needs.

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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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. 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 provider, registered manager and staff promoted a person-centred approach to care and a positive culture. A staff member said, "I know I've got a support team behind me and everyone is working towards the same goals to help people improve their lives."
- The registered manager operated the service in a way that was open and transparent. Where service fell short of expectations, the registered manager acknowledged, investigated, recorded and resolved these issues.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager understood their role and legal responsibilities, including contacting CQC when required. Staff knew when to report issues or concerns to the management team.
- Quality assurance systems and audits allowed the service to recognise areas for improvement. The service used this information to improve the care experience for people. A senior staff member carried out audits and spot checks of service practice and staff competencies. This process ensured the care delivered to people was of a good standard.
- Policies were reviewed annually with clinical input from a Registered Nurse employed by the service as required. Staff had access to national and service-level guidance.
- Communication between the management team and staff was effective. Staff felt they had access to senior staff at any time for guidance and felt supported in their roles.

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

- People and their families were given opportunities to give their views through quarterly quality assurance checks, face-to-face reviews, informally and through an annual survey.
- Staff were encouraged to provide a high-quality, person-centred service. People could nominate their member of staff for a quarterly 'Star Carer' award to recognise their good work.
- Regular staff meetings allowed staff to share ideas and information. Staff felt the meetings offered them access to the management team and useful discussion about their roles.
- The management team had developed plans for community-based forums for people and their families to attend. The Registered Manager told us this will allow for face-to-face introductions with the management

team and staff and for people to give direct feedback.

Continuous learning and improving care

- The provider set performance standards for the service. The Registered Manager used data collected from surveys, feedback and audits to formulate ways of improving the service offer.
- The service had introduced an advanced call monitoring system to maintain better oversight of service delivery and time accounting. This system also promoted safety for staff working alone.
- The Registered Manager was committed to the on-going development of their staff. Training was viewed as being continuous, with refresher courses and new training offered to staff.

Working in partnership with others

- The service worked collaboratively with its health, social care and community-based partners to deliver care of a good standard. A commissioning authority provided feedback that the service, " Showed dedication and commitment to improve service delivery and achieve positive outcomes for the [person], great partnership working with locality."
- The service participated in local initiatives to increase the visibility of the service and care profession. Staff attended job fairs and local forums and gave talks at an 'Inspire to Care' programme to encourage others to consider care as a profession.
- Professional feedback in respect of collaborative working was positive. A Social Care professional said, "I'm very happy with the willingness of the agency to work with me to get a better outcome for the (person), great integrated working. Thank you, (carer) at Medacs."