

Medacs Healthcare PLC

Medacs Healthcare Old Trafford

Inspection report

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Date of inspection visit:

24 May 2021

25 May 2021

Date of publication:

28 June 2021

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Medacs Healthcare Old Trafford (Medacs) is a large domiciliary care agency providing personal care to people in their own homes. It provides a service to adults and to children of all ages in Manchester and Trafford. Medacs is also a provider for Trafford Council's Stabilise and Make Safe (SAMS) and Rapid Response projects. SAMS is a three-week service to assess and report on people's support needs and Rapid Response is a short-term three day service. At the time of our inspection the service was providing care and support to 364 people, making over 7000 care calls each week.

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 and relatives said they felt safe and were supported by well trained and caring staff. Assessments and care plans were in place for the support people needed. Risks had been assessed and plans were in place to manage these known risks. People received their medicines as prescribed.

Staff were positive about working for the service. They felt well supported by the management team and all training was up to date. Staff were safely recruited and completed a robust induction programme before starting to support people. Staff knew how to report concerns. The local authority said improvements had been made in reporting and escalating concerns to them.

The registered manager had a range of reports to monitor the service, for example call times. Monthly audits were completed for medicines and daily records. All incidents and complaints were investigated and actions taken to reduce the risk of a re-occurrence. Changes were being made to ensure the management team had the capacity to make spot checks with staff and monitoring calls with people or relatives at the required times.

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.

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 4 June 2018).

Why we inspected

This was a planned inspection based on the previous rating. We had also received concerns about the

communication and escalation of changes in people's needs to the local authority in a timely manner. As a result, we undertook a focused inspection to review the key questions of Safe, Effective and well-led only.

We found no evidence during this inspection that people were at risk of harm from this concern. Steps had been taken to ensure any changes in people's needs were communicated to the management teams and escalated as required. Please see the Safe, Effective and Well-led sections of this full report.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has remained good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Medacs Healthcare Old Trafford on our website at www.cqc.org.uk.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Medacs Healthcare Old Trafford

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 completed by two inspectors. Three Expert by Experience's telephoned people who used the service and / or their relatives to gain their feedback about the care and support they received. 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

This inspection was unannounced. We visited the office location on 24 and 25 May 2021.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the

service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with nine people who used the service and 13 relatives about their experience of the care provided. We spoke with 24 members of staff including the registered manager, care manager, field care supervisors, care co-ordinators and care workers.

We reviewed a range of records. This included 10 people's care records and multiple medication records. We looked at six staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were reviewed.

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.

Learning lessons when things go wrong; Systems and processes to safeguard people from the risk of abuse

- An events spreadsheet was used to monitor all incidents and accidents. These were investigated by the care co-ordinators and a quality manager to gather information from care staff and relevant records to establish what had happened. The event file was also reviewed by the registered manager to ensure all actions had been taken to prevent a re-occurrence.
- A series of patch (team) meetings had been held following issues in February 2021 where Medacs had not escalated concerns appropriately to the local authority. All the care and office staff we spoke with knew what needed to be reported and escalated if required. The local authority quality team told us the reporting of any incidents to them had improved since February 2021.
- Staff received refresher safeguarding training annually. Staff we spoke with said they would raise any concerns with their care co-ordinator or another member of the office staff team.

Using medicines safely

- People received their medicines as prescribed. Staff had completed up to date training in the administration of medicines and competency observations were completed annually.
- Some people only needed a verbal check they had taken their medicines. However, this was being recorded on a medicines administration record (MARs) when the care staff had not actually administered the medicines. The registered manager told us the MARs and medicines policies were in the process of being reviewed to ensure consistency across the staff teams in how they record any prompts they provided for people's medicines.

Assessing risk, safety monitoring and management

- Risks people may face were identified and guidance provided for support staff to manage these risks. These were reviewed annually or if any there were any changes in people's support needs.
- Clear guidance was in place for any specific support required, for example moving and handling (including any equipment to be used) or pressure area care.
- An assessment of the environmental risks within each home was completed, for example, lighting, the space to use any equipment and access to the property.

Staffing and recruitment

- Staff were safely recruited, with all pre-employment checks completed prior to staff starting work.
- People and relatives said staff were usually on time and stayed for the required time of the call. Staff logged into and out of each call. If they were more than 30 minutes late for a call an alert was triggered so the care co-ordinators could contact the member of staff

- The registered manager produced weekly reports for calls that were not completed at the scheduled time or were not of the required call length and was focusing on improving these. The care co-ordinators spoke with the relevant care staff for the reasons for this and to ensure people were receiving their agreed support. If required Medacs contacted the local authority to request a change in call length, either longer to meet all their support needs or shorter if people did not need the whole call length.
- Each member of care staff was allocated to a run of calls to maintain consistency. People and relatives said there had been some turnover of staff, but this was getting better with more regular staff completing their calls.

Preventing and controlling infection

- Care staff were provided with sufficient Personal Protective Equipment (PPE) and knew the current government guidelines to follow during the COVID-19 pandemic. One person told us, "Staff always wear a mask when they arrive then put the gloves and apron on when they come inside."
- Staff were encouraged to participate in weekly COVID-19 testing and were provided with test kits.
- Staff had shielded when advised to do so and a risk assessment completed before they returned to work.

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.

Staff support: induction, training, skills and experience

- New members of staff completed their training (face to face and on-line) before undertaking shadow shifts with an experienced member of staff. They also completed a work book within the first 12 weeks of their employment, which met the standards of the Care Certificate. A new member of staff said, "I was shadowing last week and this week I have been out on double ups. I start my single calls tomorrow, but I have been introduced to everyone and it's been great. It's been very clear what's expected of me and what to do if something occurs."
- Staff training was refreshed annually and was at a high level of completion. People and families said the staff were knowledgeable about the support they needed and any equipment they had to use. One person said, "I need to be hoisted from my bed into my wheelchair. Two staff do this, and I feel safe when they do it."
- Staff told us they felt well supported by the management team and could contact the office or out of hours service whenever they needed to. One member of staff said, "I can ask anything, and they come back to me. There is nothing I cannot ask." Formal supervision meetings and observations of staff during care calls were behind schedule at the time of our inspection. The registered manager had agreed for the care co-ordinators to have time on their rotas each week to catch up with these.

Supporting people to live healthier lives, access healthcare services and support; Supporting people to eat and drink enough to maintain a balanced diet

- Staff explained that they monitored people's health at every visit and would contact the person's family, GP, other medical professional or ambulance if people were unwell. Staff would liaise with their care co-ordinator manager to cover their calls if they had to stay with a person until the paramedics arrived.
- Referrals were made to other professionals, for example physiotherapy for an assessment for equipment people may need.
- Care plans specified where people needed support with their meals. This included if people needed assistance or encouragement to eat their food.
- Where required, staff ensured people had food and drinks available at the end of their visits.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- One of the field care supervisors visited people who were joining the service to discuss and agree their support needs with them and / or their family. They also used the assessment information provided by the local authority or hospital discharge team.
- The field care supervisors then wrote the initial care plans and risk assessments. Care staff told us they had access to this information, either via their work mobile phones or in people's files in their homes, when

they made their first visits to support people. One person said, "They came out and discussed my care plan with me. I told them what I needed them to do for me and that's what they do."

Staff working with other agencies to provide consistent, effective, timely care

- If required, the service worked alongside other professionals, for example district nurses or other care agencies.
- Medacs worked with local authorities to ensure people were able to start their support package within 72 hours of the referral being made. The registered manager told us this may be delayed if the person required specific equipment to be used or additional staff training was needed to meet people's needs.

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.

- People's capacity to agree to their care and support was assessed during the initial assessment and at annual reviews.
- Where families had a lasting power of attorney (LPA) agreement in place this was noted in people's care files. An LPA enables people named in the agreement to legally make decisions on people's behalf if they no longer have the capacity to make the decision themselves.

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.

Continuous learning and improving care

- A quality assurance system was in place, with clear roles for different members of the management team. This system was being made more robust since the registered manager had returned from a planned period of absence, for example with weekly meetings with the care co-ordinators to discuss key quality indicators (call times, staff continuity for calls).
- The registered manager had weekly and monthly reports from the electronic call monitoring system and events tracker to monitor the service. These analysed call times, call punctuality, complaints, staff training, incidents and safeguarding. Actions from these reports were delegated to the relevant care co-ordinator or field supervisor to address.
- Senior support workers audited the daily notes and medicines administration records (MARs) each month. The registered manager was in the process of recruiting additional senior support workers to ensure these were completed in a timely way. These were checked by a quality officer to ensure all issues identified had been actioned. Care plans and risk assessments were reviewed by another quality officer to ensure they were person-centred and captured people's care and support needs.
- The registered manager reviewed a sample of MARs, daily records and care plans each month to ensure the system was robust. The Medacs national quality manager was also able to access the electronic reports remotely to make additional checks.
- Weekly meetings with the registered managers from other Medacs branches were used to share good practice across all branches.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Working in partnership with others

- A clear management structure was in place. The registered manager was supported by a care manager, two quality officers and a team of field care supervisors and care co-ordinators. All were clear about their roles, who they reported to and how to escalate any issues or concerns.
- The registered manager was supported by an operations manager and national quality manager. The operations manager visited the offices each week.
- The service had developed good relationships with the local authority teams, meeting regularly to review the contracts held with the authority. Staff would liaise with other relevant professionals, for example GPs or district nurses, when required.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering

their equality characteristics

- Most of the care staff we spoke with were positive about working for Medacs and the support and training they received. Staff told us they could raise any concerns they had with the management team and felt they would be acted upon and listened to. Staff said they were kept up to date with changes in COVID-19 guidance and any changes to people's support needs or their rota in a timely way.
- People and their relatives were also positive about the care and support they received. One said, "Yes, of course I feel safe with the carers. The ladies come, they're competent and know what they are doing; they're lovely. I'm quite happy and confident about the way they look after me."
- People and relatives said they had been involved in agreeing and reviewing their care and support. One person said, "Yes they have, many times yes" and a relative told us, "We got a call last week, to check we were happy."
- Medacs central marketing team arrange for an annual survey of a sample of people supported by each Medacs branch. The replies are analysed for each branch. The 2020 survey for Medacs Healthcare Old Trafford was positive, with 49 out of 51 respondents satisfied or very satisfied with the support they receive.
- People and relatives told us they had monitoring phone calls from Medacs to gain their feedback on the support they received. These were planned to be six-monthly; however, were behind schedule. The registered manager had arranged for additional support for the care co-ordinators to complete these phone calls and was in the process of changing who completed them in the longer term, so they were made on time.

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 notified the CQC and safeguarding teams of any accidents and incidents as appropriate. Improvements in the escalating of concerns to the local authority had been made since issues had been raised in February 2021.
- People and relatives told us if they had raised a concern it had been dealt with appropriately. One relative said, "Yes, I do know how to make a complaint. My brother felt the need to complain; it was dealt with well and there hasn't been a problem since."
- A complaints log was used to ensure all complaints were investigated and responded to in line with Medacs policies. Any themes within the complaints made could also be seen from the log.