Medacs Healthcare PLC

Medacs Healthcare Stafford

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on 22 June 2016 and was announced. This is the first inspection since the service registered in September 2015. Medacs Healthcare Stafford is a domiciliary care provider based in Stafford providing personal care and support to people in their own homes. At the time of this inspection 34 people used the service.

The service had a registered manager. However, the person currently named on our register was not the same person who was now managing the service. A 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.

The provider had some systems in place to monitor the quality of the service, however improvements were required to ensure that all areas of care delivery were audited to identify any areas of concerns or weakness, so that people benefitted for a safe, reliable service.

People were supported in their own homes and told us they felt safe and comfortable with the service provided.

Risks to people's safety and welfare were not always identified or action taken to reduce the risk. Care and support plans were basic and did not always reflect the care and support being provided by carers.

Information was not always available for carers when people needed support with medicines for example creams and lotions.

Systems were in place to ensure that people who used the service were protected from the risk of abuse. Staff had received training in safeguarding adults from abuse and were aware of the procedures to follow if they suspected that someone was at risk of harm.

The provider followed the principles of the Mental Capacity Act 2005 (MCA 2005) and ensured that people consented to or were supported to consent to their care and support.

People received care from carers who were supported, trained and supervised to fulfil their role effectively.

People were supported to choose what they wished to eat and drink and if they became unwell carers responded and gained the appropriate healthcare support.

People were treated with dignity and their privacy was respected. People were encouraged to be as independent as they were able to be.

There was a complaints procedure and people knew how to use it. The provider took the appropriate action when complaints were raised.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe. Risks to people's health and wellbeing were not always identified, managed and reviewed. Medicines management in relation to external creams and lotions needed improvement, so that people received their treatments in a safe and reliable way.

Is the service effective?

Good

The service was effective. Staff received appropriate induction, training and support that enabled them to provide the care and support people required. The principles of the MCA were followed to ensure that people's rights were respected. People were supported with their dietary and healthcare needs.

Is the service caring?

Good

The service was caring. People told us they were supported by carers who were kind and caring in their approach. People were treated with dignity and respect. People were encouraged and involved in decisions about their individual level of support and care needs.

Is the service responsive?

Requires Improvement

The service was not always responsive. People's needs were assessed before their care commenced, support plans were reviewed at intervals or when a change in the level of support was identified. However not all plans were updated in a timely way to ensure people received a reliable and consistent service. People received care that met their individual needs and preferences, but some support plans did not accurately reflect the support being provided. The manager ensured that all complaints were responded to in a thorough and timely way.

Is the service well-led?

Requires Improvement

The service was not consistently well led. Systems to monitor the quality of the service required improvement to ensure people received the safe and consistent care and support. The registered manager was no longer in post. However, a manager has been appointed to this position. People who used the service and the carers felt the service was well managed.

Medacs Healthcare Stafford

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

The inspection took place on 22 June 2016 and was announced. The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be at the office.

The inspection team consisted of two inspectors 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.

We looked at the information we held about the service. The provider completed a Provider Information Return (PIR). This is a form that asked the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the notifications that we had received from the provider about events that had happened at the service. A notification is information about important events which the provider is required to send us by law. We reviewed the information we received from other agencies that had an interest in the service, such as the local authority, commissioners, health care professionals and relatives and friends of people who used the service.

We went to the provider's office and spoke with the registered manager, the regional manager, three care coordinators and a senior care worker. This was to gain information on how the service was run and check that standards of care were being met. We reviewed the support records of five people who used the service, the personnel records for four staff and records relating to the management of the service.

We sent questionnaires to people who used the service, their relatives and staff, some were completed and returned to us. We made phone calls to eight people who used the service to get their experience of the service they received.

Requires Improvement

Is the service safe?

Our findings

We found risks to people's health and safety was not managed. Some people had been at risk of falling and this had been identified at the initial assessment of the care and support package. We saw an assessment where it was recorded a person had a history of falls and were at risk of falling again. We saw information was recorded where the person had fallen overnight and they had informed the carer during their morning support call. The carer determined there were no apparent injuries and the person refused a consultation with their doctor. The carer recorded they had contacted the office and informed them and that they risk assessment would be updated. We saw no action had been taken to update the support plan or to complete a risk assessment with any actions that may prevent the person from falling and so reduce the risk of them sustaining injury.

We saw another person had been assessed as being at risk of falls at the beginning of their support package. We saw they had fallen in February 2016 where they had sustained injury to their arm and hip. No falls risk assessment had been completed to identify the actions which may be needed to reduce the risk for this person. The person had fallen again in March 2016 and carers had completed a care plan review where additional time during the calls had been agreed. The support plan had not been updated with this information. The care coordinators told us they were aware of the care plan review but had not updated the support plan. This meant carers were not aware of actions which may be needed to reduce the risk of the person falling and sustaining injury.

For the personal safety of two people we saw they had a lifeline which they needed to wear. The lifeline alarm can be worn as a pendant or wristband. It works in the home and garden so the person's independence is maintained and they are free to get on with their life, knowing that help is always at hand, should they ever need it. We saw the carers recorded in the person's daily notes that they ensured the people had their lifeline available to them. This information was not recorded in the person's support plan; which meant not all carers would be aware of this. Therefore people were at risk of inconsistent support being provided and the person was at risk of not being able to call for help and assistance should they need to.

Some people needed support with taking their daily medicines. Assessments had been completed which identified if the person self-medicated or they required support with their medicines. We saw some people had topical creams and ointments applied by the carers. Carers had recorded on the daily support record they had 'creamed legs'. The care coordinators were unable to tell us about this support need. Support plans did not include any reference to this support need, had not been reviewed or updated and risk assessments had not been completed when people were in receipt of this support. There was no information to ensure carers provided support in a safe, consistent or reliable way.

People who used the service told us they felt safe and comfortable when the carers visited them in their own homes. One person said: "They do anything for me if I need them. I have good carers". Another person said: "The regular carers completely understand my routine and make me feel safe. I feel safe too with the temporary carers who fill in". We saw that some people had given the staff permission to enter their homes

via a key safe. A key safe is a secure method of externally storing the keys to a person's property. This ensured that people were safe within their homes and carers could gain access when they arrived for the care call.

A coordinator told us about the safeguarding process and how they would make a referral to the safeguarding team at the Local Authority if this was necessary. Carers told us they would report any concerns they had to the senior or the manager in the office. Records showed all carers had safeguarding training in their induction programme and then again on an annual basis. The manager gave us examples of safeguarding issues they had raised with the Local Authority when they had suspected abuse and people were at risk of harm.

We saw environmental risk assessments had been completed which ensured information was available for minimising risks and hazards when visiting and working in people's homes. Carers were able to contact the manager or senior carers through the on call system in the event of an emergency.

We spoke with a care coordinator who was responsible for the recruitment of carers and to ensure that suitable people were recruited to work at the service. We saw a recruitment procedure was in place. The staff personnel files showed that checks had been completed and people's identity confirmed. In each file there were personal and previous employer references. We saw that Disclosure and Barring Service (DBS) checks had been completed. DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people. These checks were required to ensure that people who used the service were supported by carers who were of good character and able to carry out the work.

One person told us: "My carers are superb". Another person told us: "I just get used to a carer and they change and you get another fresh one. It would be best to have the same one all the time". A care coordinator told us they try and maintain consistency with the carers and we saw that each person had a group of named carers that were allocated to provide support. The manager told us that currently there were sufficient staff to provide the support to people, but recruitment for new carers was on-going to ensure good staffing levels were maintained for when new care packages were agreed.

Some carers told us their work and travel schedule meant that sometimes they were unable to arrive on time and stay for the agreed length of time. The care coordinators told us that when organising the rotas for calls, consideration was made for travel times. A person who used the service told us: "Someone from the office rings me if the carers are running late". We heard the care coordinators rang a person who used the service and informed them their carers were running late that morning. The care coordinators asked about the person's welfare and if they were okay.

Good

Is the service effective?

Our findings

A care coordinator told us: "The training is excellent, in depth, not rushed and it's not all online. There is a maximum of nine people in a group. It's a big company but we are well supported". A carer told us they received training in all aspects of the support they needed to provide to people. They told us of an instance where they had received specialist training for a person's specific care needs prior to supporting the person. The carer went on to say that they met the person whilst they were in hospital and prior to their discharge back to their own home. They told us they felt fully prepared to provide the person with their individual support needs.

We saw details of the comprehensive induction training that all carers had received. Following completion of the induction training, all carers accompanied more experienced carers with care calls until they felt able and were assessed as being competent to work alone.

Carers told us they received the training they needed to enable them to meet people's needs, choices and preferences. We saw staff also received on-going and updates in training that included specialist areas, for example epilepsy awareness and percutaneous endoscopic gastrostomy (PEG). PEG is a means of feeding when oral intake is not adequate and the person requires support to maintain adequate daily nutrition. We saw only staff that had received training in epilepsy awareness or PEG feeding provided support to people with these specialist needs. This meant people could be confident carers were trained in how to provide effective care and support to people.

Some carers told us they received regular supervision and appraisal which enhanced their skills and learning. Carers we spoke with said they had met and received supervision from the new manager and that further supervision sessions were planned.

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. We saw people were consulted with all aspects of their care and support package, documents had been signed by the person or their nominated representative to evidence their consent and agreement.

People were supported with their daily nutritional needs when this was needed. One person said: "The carers make me cups of tea because it's what I like". People needed different levels of support, for example the preparation of meals and for some people the carers helped with grocery shopping. People's support needs were recorded in their initial plan.

People were supported with their health care needs. We saw an instance where a carer had concerns with the physical health of one person. The person gave the carer their consent to call an ambulance. The person was unwell and was unsteady on their feet and complaining of head pains. Carers told us that usually the person's family or their friends helped them with hospital appointments or consultations with the doctor or dentist, but there were occasions when carers did provide this level of support. We saw healthcare

professionals were involved with the care of people when this was needed and included dieticians, doctors, dentist, chiropodists and district nurses.

Good

Is the service caring?

Our findings

Most people spoke positively about their individual care. One person told us the carers treated them 'brilliantly'. Another person said: "The carers are very good, they know what I like and don't like, they look after me very well". However another person commented: "Just when you get used to a carer and they change and you get another fresh one. It would be best to have the same one all the time". Care coordinators told us they tried to accommodate people with regular carers and we saw a number of carers were allocated to support each person. The care coordinators said there were some occasions when the main carer was unavailable and unable to provide the support to people. They acknowledged that people became familiar and at ease with their main carer and confirmed they informed the person whenever any changes were required.

The manager told us they provided a flexible service where ever possible; there were some people who required more support at certain times during the year. The manager told us they would accommodate this request if it was at all possible and agreed with the various agencies.

People told us they were happy with the support provided, were introduced to their carers and the carers were caring and kind. People commented on how carers respected people's privacy and dignity when they visited people in their own homes. One person told us the carers 'always knock the door before entering my home'.

One person told us they carers helped them with maintaining their independence and said: "The carers are good, they encourage and support me to go out which is good for my independence". A carer told us: "This is the best job in the world. When I've done a good job it makes you feel 10 feet tall". We saw some support plans that described the level of support people required to maintain their independence. For example some people required prompts to take their medication and some people needed support with grocery shopping. This meant people's individual needs would be met and daily lifestyle and wishes would be respected by the carers.

Requires Improvement

Is the service responsive?

Our findings

People had a support plan that was based on an assessment of their care needs. The plans were basic and did not include personal information such as people's likes and dislikes or social and life histories. Carers we spoke with all had a good knowledge of people's care and support needs and how they preferred the support to be delivered. This information was not always recorded in the person's support plan. This meant people may not receive the support they needed from carers consistently.

The care coordinators told us that people had a regular review of their care but that if any changes to the person's care needs were identified a review would be brought forward. The care coordinators told us that the support plan would only be updated if there were any changes to report. We saw a person had received a review of their care where their support needs had changed and the time of their care calls had been increased. The support plan had not been updated to reflect the additional time that had been agreed. The manager told us the support plans would be reviewed to ensure all changes were documented and staff had current information regarding the person's support needs.

We saw where the support needs of people had changed, for example, the treatment for sore skin or the level of support needed with personal hygiene, the support plans were not updated and risk assessments not completed. The support plans lacked detail and guidance for carers to follow when supporting people. We saw the carers recorded the support they provided to each person on the daily support record. However, the support plans did not accurately correspond with the care being provided. This meant that people were at risk of inconsistent or unreliable care and support.

People told us that carers usually stayed for the agreed length of time, one person said: "Oh yes, sometimes they stay a little over my time". We saw that usually call durations broadly matched the care planned duration. We saw for one person their support plan recorded that calls should be 30 minutes long; we saw the calls ranged from 15 to 60 minutes long. The manager told us there were times when people may need less or more time and they operated a flexible approach to ensure people received the level of support they required during each call.

We saw comprehensive support plans had been completed for people requiring food to be administered through means of percutaneous endoscopic gastrostomy (PEG). PEG is procedure that allows nutritional support for people who cannot take food orally. The plan was concise and detailed to ensure carers had all the information available for the feeding regime and the care of the PEG site. This meant that for these people this support need would be fully met in a safe and responsive way.

The care coordinator told us that following the agreement of the care package, the allocation of carers and the required times of visits, they contacted the person and their relative. A field care supervisor then goes out on the first call to the new service user in order to, as they told us to 'iron out any issues'. This was to check the person's needs were being fully met in the time allocated and to their satisfaction. We saw this was recorded and a copy kept in the person's support file.
Most people told us they were involved in the assessment and planning of their care and felt they had a say

in how they liked to receive their care, treatment and support. One person told us: "Yes I have been involved right from the start". Another person told us their daughter dealt with this on their behalf and they were very happy with this arrangement.

The provider had a complaints procedure in place, a copy of which was offered to all people at the start of their care package. People told us they were aware of the how to make a complaint about the service should they wish to do so. One person said; "I would be happy to do this and speak with someone. I rang the office once when a car broke down and made my carer late. The carer arrived very shortly afterwards and apologised to me for being late". The manager told us and we saw that complaints received were logged with details of the complaint, the action taken and the conclusion. A response letter was sent to the complainant offering an explanation and apology; this was in line with the provider's policy. We saw that compliment cards were on display in the office, recording their satisfaction with the service provided.

Requires Improvement

Is the service well-led?

Our findings

We looked at the quality assurance systems the manager had in place. The care records of people who used the service were brought back to the office so they could be checked for auditing purposes. However the frequency of this currently varied for each person dependent upon the level of support they required, For example a person who only received one call a day had to wait longer to have their notes checked and audited, this meant any changes or issues would not be acted upon in a timely way.

We viewed records that had been audited, for example medication administration records, support plans and daily records. The process in place did not identify areas that required improvement; any actions that had been taken or needed to be taken were not documented. For example in the care notes for a person we saw they had told their carer about a fall they had. The carer had reported the incident to the senior carers as they had been instructed to do. The manager was unsure why the support plan had not been updated and stated they would ensure that the records were reviewed. However, this meant the person was at risk of falls because no action had been taken to mitigate the risks

The quality of information provided for staff to follow in the care plans was not always up to date.We saw the person had been assessed as being at high risk of falls. The support plan or risk assessment had not been updated with information on the support the person required to reduce the risk of them falling again. In two people's care notes the carers had been regularly documenting that they had been ensuring people had their lifeline with them. A lifeline is a small device that can alert someone if a person has a fall. It was not documented that the carers should be ensuring people had their lifeline, so there was a risk that this might not be done and people could be at risk if they did fall. That meant that current quality assurance system in place were not effective. The manager explained that they were in the process of designing a new database to record audits and plan future audits, however this was not yet in place.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Good Governance.

There had been a recent change in the management of the service and the manager we met with on the day of our inspection explained they were in the process of applying to be the registered manager. The manager was aware of their responsibility to report relevant incidents to the CQC, such as a suspicion of abuse or medication errors. We saw that these notifications had been sent.

There was a clear management structure in place. Staff told us there were carer meetings; we saw the minutes of the meeting were available for carers to read if they were unable to attend the meeting. A carer told us that if something needed discussing that the "communication in the office is very good". People who used the service also told us they felt comfortable in speaking to the manager or someone in the office.

We also saw evidence of carers having observations whilst they supported people in order to check they were doing it in a dignified manner and were following their training correctly. There was evidence of this being carried out regularly and any issues were acted upon.

The manager told us about an initiative they had introduced to reward carers had done a good job if a person who used the service nominated the member of staff. There was also an 'Employee of the Month' scheme to encourage and motivate carers.

People we spoke with told us that they were aware there was a new manager. One person we spoke with said: "I haven't met the new one yet. But she is coming to see me". The manager told us they had written to the people who used the service to introduce themselves and offered to send out more information if people wanted it.

Feedback about the service had been sought from the people who used the service in questionnaires, telephone calls and visits from members of staff. People we spoke with told us that they were asked for their feedback about the care they received. One person told us: "They ring up and come and ask questions and write down the answers". Another person told us they had completed a questionnaire asking them what they thought about their care: "I had one a couple of months ago. There were questions on how I felt about the service". We saw the overall results of the questionnaire which were positive.

Carers we spoke with gave us positive feedback about the new manager and the provider. One carer told us, "It's a big company but we are well supported. They [the management] look after us. The area manager is here frequently. [Person's name] and [person's name] go out to deliver care". The manager explained to us that they visited people who used the service in order to get to know them. People and carers told us the management were approachable. There was also the opportunity for carers to feedback anonymously should they wish to in a comments book available near the office entrance. This meant that if carers did not want to feedback about something face-to-face, it gave them the opportunity to do so anonymously. The carers had chosen to document compliments they had been passed by people who use the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not have effective systems in place to monitor and improve the quality of the service or to mitigate any risk relating to the health, safety and welfare of people who used the service.