

Medacs Healthcare PLC

Medacs Healthcare - Leicester

Inspection report

7 Westleigh Business Park
Winchester Avenue, Blaby
Leicester
Leicestershire
LE8 4EZ

Tel: 01162774400

Website: www.medacs.co.uk

Date of inspection visit:
14 January 2016

Date of publication:
02 March 2016

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?

Requires Improvement ●

Summary of findings

Overall summary

The inspection took place on 14 January 2016 and was announced. The provider was given 48 hours' notice of the inspection because the location provides a domiciliary care service and we needed to be sure that the registered manager would be available to speak with.

The service provided personal care to adults with a variety of needs living in their own homes. This included people living with dementia, physical disabilities, older people, people with learning disabilities and younger adults. At the time of our inspection there were approximately 60 people using the service who received support that included regulated activities.

The service had a registered manager. 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.

People told us that they felt safe when staff supported them.

When people started to use the service a care plan was developed that included information about their support needs, likes, dislikes, history and preferences. This meant that staff had the relevant information to meet people's needs.

Risk assessments were in place which set out how to support people in a safe manner. The service had safeguarding and whistleblowing procedures in place. Staff were aware of their responsibilities in these areas.

People told us that staff arrived on time for appointments to support them. We saw that records showed that stayed for the time they were supposed to.

People were supported to take their medicines by care workers who had received training in medicines management.

Care workers were supported through training and supervision to be able to meet the cares needs of people they supported. They undertook an induction programme when they started to work at the service.

Staff told us that they sought people's consent prior to providing their care. Where people were believed to not have the capacity to make specific decisions the service followed the correct procedures in line with the Mental Capacity Act 2005.

Staff developed caring relationships with people and understood people's needs and preferences.

People were involved in decisions about their support. They told us that staff treated them with respect.

People and staff felt the manager was approachable and would listen to them.

Questionnaires were carried out with people who used the service to monitor the quality of the service. People were not given feedback to tell them what would change as a result of the questionnaire.

The provider carried out monitoring of the quality of the service. Actions plans were developed however progress against these was not monitored.

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 were protected from risk of abuse and avoidable harm. The provider had effective recruitment procedures and enough staff were deployed.

People were supported to take their medicine safely.

Is the service effective?

Good ●

The service was effective.

Staff sought people's consent prior to providing their support. People were supported by staff who had received appropriate training.

People were supported to access healthcare services. Guidelines from healthcare professionals were recorded in people's care plans. People were supported to have enough to eat and drink.

Is the service caring?

Good ●

The service was caring.

People were involved in decisions about their care and support.

People told us that staff respected their privacy and dignity.

Is the service responsive?

Good ●

The service was responsive.

People received care which had been discussed and planned with them and which was centred on them as individuals.

There was a complaints procedure in place. People felt confident to raise a concern.

Is the service well-led?

Requires Improvement ●

The service was not consistently well – led.

People knew the manager and felt that they were approachable.

There were quality assurance procedures in place to monitor quality. Action plans were developed but progress against these was not monitored.

People had been asked for their opinion on the service that had been provided. A report was developed from this however people were not given any feedback.

Medacs Healthcare - Leicester

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.

This inspection took place on 14 January 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that the office from which the service is run was staffed.

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. The expert had experience of caring for someone who used this type of service.

Before our inspection, we reviewed the Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about a service, what the service does well and improvements they plan to make. We also reviewed the information we held about the service and information we had received about the service from people who contacted us. We contacted the local authority that had funding responsibility for some of the people who used the service.

We reviewed a range of records about people's care and how the service was managed. This included seven people's plans of care and associated documents including risk assessments. We looked at four staff files including their recruitment and training records. We also looked at documentation about the service that was given to staff and people using the service and policies and procedures that the provider had in place. We spoke with the registered manager, a senior quality assessor and four care workers.

We contacted 20 people who used the service by the telephone. We spoke with six people who used the

service and three relatives of people who used the service. This was to gather their views of the service being provided.

Is the service safe?

Our findings

People we spoke with told us that they felt safe when receiving support from the care staff. One person told us, "I feel safe when they help me." Another person told us, "I feel safe with them, they make sure that I don't slip or fall over." One person told us, "I feel safe and well cared for." Relatives we spoke with told us that they felt their relatives were safe when they were receiving care. One relative told us, "We are confident that our relative is safe."

Staff members we spoke with had a good understanding of types of abuse and about what action they would take if they had concerns. All the staff we spoke with told us that they would report any suspected abuse immediately to the office. Policies and procedures in relation to the safeguarding of adults were in place and the actions the staff described were in line with the policy. Staff told us that they had received training around safeguarding adults. Records we saw confirmed that this training had been completed. All the staff members we spoke with told us that they understood whistleblowing and that they could raise concerns with external professional bodies such as the local authority. The registered manager had an understanding of their responsibility for reporting allegations of abuse to the local authority and the Care Quality Commission. We saw that the registered manager had reported concerns appropriately to the local authority safeguarding team and the concerns had been investigated either internally or by the local authority.

Staff told us that risk assessments were carried out when people started to use the service. We saw that risks relating to people's care were assessed and control measures had been put in place to ensure that risks were reduced. These included assessments about moving and handling, nutritional risk, health and safety and one person had an assessment around staff supporting them to use a hydrotherapy pool. Risk assessments were reviewed annually unless a change had occurred in the person's circumstances. This was important to make sure that the information included in the assessment is based on the current needs of the person. The risk assessments we looked at had been reviewed within the last twelve months. Where accidents or incidents had occurred these had been appropriately documented and investigated.

People told us that there were enough staff to provide their care. One person told us, "I only have one carer to support me; she is never late and never misses my call." A relative told us, "There are enough staff to meet my relative's needs and we are happy as it is mainly the same carers." Staff members told us that they felt there were generally enough staff although sometimes it could be hard to cover specific packages with higher levels of staffing, or sickness or holidays. The registered manager told us that they had recruited additional staff to cover for sickness and holidays. The staff rota showed that the staff had regular calls and that these were within a similar geographical area to make it easier to travel between calls.

People told us that staff were on time, or told them if they were running late. One person said, "They are always on time, and have never missed calling on me. If they are delayed they let me know and what time they will be here." Another person told us, "They are nearly always on time. If they are going to be late they let me know. It has only been once or twice." A relative told us, "They always turn up at the agreed time." We saw records that showed the time staff were planned to arrive, actually arrived and left. These showed

that staff were occasionally late or early but throughout the time period we looked at staff generally arrived within ten minutes of the planned start time and stayed for the correct time of the call.

People were cared for by suitable staff because the provider followed robust recruitment processes. We looked at the files of four staff members and found that all appropriate pre-employment checks had been carried out before they started work.

The service had a policy in place which covered the administration and recording of medicines. Staff told us that they felt confident with the tasks relating to medicines that they were being asked to complete. Staff told us that they had been trained to administer medicines. Each person who used the service had an assessment carried out to determine the support they needed with medicine and a medication administration record (MAR) chart to record what medicine the person took. We looked at the records relating to medicine and found that these had been completed correctly.

Is the service effective?

Our findings

People told us that the staff were well trained and knowledgeable enough to meet their needs. One person told us, "My carer is well trained to meet my needs." Another person told us, "They are so good at their jobs." A relative told us, "The way the staff look after my relative they must have had good training as they are so competent." Another relative told us, "The carers are trained well and know our relative."

Staff we spoke with told us that they had completed an induction. They described how they had completed training and shadowed more experienced staff before they worked with people who used the service. One staff member told us, "It was very useful and prepared me for the role."

People were supported by well trained staff. We looked at training records that showed details of the training staff had completed. Staff told us that they felt that the training was good quality and that they had completed enough training to enable them to carry out their roles. One staff member told us, "They are very good with training." Another staff member told us, "The training is good quality. I feel have done enough for my role." Another staff member told us, "I have updated my training. It is all good quality, and they have let me do extra when I have asked." The registered manager told us that if someone had a specific need the staff who worked with that person would receive training in this area. For example one person had a PEG tube and the staff who worked with that person had completed training in this area. A PEG tube is a percutaneous endoscopic gastrostomy. This is a tube that is placed directly into the stomach so that someone can have food, fluids or medicine directly into their stomach. One staff member who we spoke with told us that they had received training in this area to enable them to work with the person.

Staff were supported through training and supervisions. Staff we spoke with told us that they had supervisions meetings with their manager. One staff member told us, "I have supervision two or three times a year, but if there is a concern I could go to the office staff and tell them." We looked at the records and saw that most staff had received a face to face supervision, an observational supervision and an annual appraisal throughout the last twelve months. The registered manager told us that if they had concerns with a staff members conduct or practices that they would carry out more regular observational or face to face supervisions. Records we saw confirmed that this had taken place.

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.

We checked whether the service was working within the principles of the MCA. We saw that consent forms were used by the service to say that people had been involved in developing their care plan and that they

agreed with the contents of the plan and consented to the care provided in line with it. We saw that some people had not signed their plan, or that someone else had signed this on their behalf. The registered manager confirmed that where someone had signed on behalf of someone else the reasons for this were documented and were in line with the requirements of the MCA, for example where someone was unable to sign due to a physical disability, or where someone had been granted a Lasting Power of Attorney (LPA). An LPA is a legal authority and the chosen person can make decisions on the person's behalf. The registered manager confirmed that where it was believed someone may not have capacity to consent to their care mental capacity assessments were to be carried out to determine if the person had capacity. This practice was in line with the requirements of the MCA.

People told us that staff sought their consent before providing support. One person told us, "When they are doing things for me they tell me what they want to do and ask if that is alright with me." Another person told us, "The carer asks what I want doing each day as my disability fluctuates." A relative told us, "When our relative doesn't want to do something the carers will encourage them gently." Staff told us how they would seek consent before they provided care to someone and that people had the right to refuse care. Comments included, "I explain what I am going to do, if the person refuses I will encourage but there is nothing else I can do," "I explain what I am going to do and ask them to help. They can refuse. I would call the office," and "I would ask consent, you can't rush in. I would encourage but you can't force anyone."

Some of the people we spoke with told us that they received support with food and drink. We saw from the records that where people did receive support with food details of what had been made were recorded in the daily notes. We saw that where someone had been identified as being at risk of malnutrition records were kept to record the amounts of food and drink that had been consumed however the amount of food or drink that had been given was not recorded. For example where someone had a drink it was recorded that they had drank all of the drink, it did not say how much drink had been given. We discussed this with the registered manager who advised that they would make sure that staff recorded this information in the future. Care plans indicated that people were able to choose what they ate and drank and included information about the amount of support and assistance needed. Where guidelines were in place from dieticians about food texture or specific foods to be eaten these were recorded in the care plan.

People told us that they were supported to call someone if they were not well. One person told us, "If they had concerns about me they talk to me and if needed they would arrange for my doctor to come and see me." Another person told us, "My carer would talk to me if she felt that something wasn't right with my health and respond appropriately." Staff were aware of their responsibility for dealing with illness or injury, telling us they would call an ambulance or the person's GP if required and report any concerns to the office. Staff told us that they would support someone to contact a health professional if they felt it was needed. One staff member told us, "I supported someone to go to hospital when they were not well." Another staff member told us, "I monitor people and if anything is wrong I would always report it. I am always on the lookout." We saw that the care plans contained contact details of people's relative's, GP's or other involved health professionals so that staff were able to contact them in the event of an emergency.

Is the service caring?

Our findings

People spoke highly of the staff that provided care to them. One person told us, "I do like my carers they are very good to me." Another person told us, "I'm happy with what the carers do for me." One person commented, "I have really nice carers, they are so good at their jobs." Another person told us, "I feel well treated and they are very caring carers." A relative told us, "They are very professional at what they do, we don't see them as carers, and we feel they are part of the family." Another relative told us, "We are really pleased with what the carers do for my relative."

People told us that they felt happy with the care that they received and that they felt that the care staff and the office staff listened to them. One person told us, "When they are with me they talk to me and I feel listened to." Another person told us, "The office staff are supportive of me and they do all they can to help me when I call them." One person commented, "When they are helping me they chat away making sure everything is ok." A relative told us, "I'm more than happy with the carers that support my relative. They stop and chat with me making sure that everything is ok."

Staff told us that they worked with the same people who used the service and this made it easier to get to know each person. Staff told us about what people liked and disliked and that this information was in people's care plans. One staff member told us, "[person's name] likes certain soaps so this is in the care plan. That way if someone new was to come in they would know what the person likes to watch and that they don't like to be disturbed." We saw that each person's care plan included information about what was important to the person, what they liked, and how they wanted to be supported.

People told us that they felt involved in making decisions about their care. One person told us, "We sometimes look at the care I need and if it needs changing but I get all the help I need." Another person told us, "I tell them what I need doing for me." We saw that as part of the review process for care plans that people were asked how things were going and if there were any changes the person would like to make to their care. We saw that people were asked if they wanted to make any new goals and what these were. This meant that people were involved in planning their care and were making decisions about the care that they received.

People told us that staff prompted them to be independent and to choose what they wanted. One person told us, "They will only do the things I can't do for myself." Another person told us, "They prepare my breakfast of my choosing." Staff told us that they encouraged people to do things for themselves where possible and to make their own choices. One staff member told us, "I ask people what they want so that they make their own choices." Another staff member told us, "I encourage people to do things, some people don't want you to do it for them." One staff member commented, "I try to encourage people to do what they can themselves. If you don't use it you lose it."

People told us that staff provided care in a dignified way and respected their privacy. One person told us, "I think the staff treat me with dignity and respect my privacy when they assist me." Another person told us, "They offer me an excellent service, compassionate, dignified and respecting my privacy." A relative told us,

"The carers talk respectfully to my relative. They protect [person's name] by closing the doors and curtains." Another relative told us, "When the staff are helping my relative they talk as if they were old friends, polite and respectful." Staff told us that they respected people's privacy and dignity. This was through keeping doors and curtains shut, knocking, asking people before assisting them and making sure people are covered as much as possible during personal care. One staff member told us, "I make sure the person is comfortable, it is very important."

Is the service responsive?

Our findings

People told us that the service was responsive to their needs and that staff had a good understanding of how to support them. One person told us, "If I need to change a call time they do all they can to help me." Another person told us, "My carer provides all the support that is in my care plan. She knows exactly what I need doing, although she always checks with me."

People and their relatives told us that they felt that they had contributed to planning and reviewing their care. One relative told us, "They do all the jobs we asked them to do. When we review the care plan I'm included in that as well as my relative." The senior quality assessor told us that after they received an initial referral that they would meet with the person and their relatives where appropriate. This was to determine if the service was able to meet their needs. They said that care plans and risk assessments were developed based on information provided by the person, their relatives and information that had been provided by the funding authority. This involved discussions and input from the person and their family. This meant that people contributed to planning and deciding what care and support they received. The senior quality assessor told us that care plans were reviewed monthly where people had complex needs to make sure that they care was meeting the person's needs. Records we saw confirmed that this was the case. The registered manager told us that where people did not have complex needs care plans were reviewed six monthly. Records we saw confirmed that reviews had taken place within the last six months.

We saw that reviews were carried out with the person and one person had meetings with their staff team and involved their care manager and other health professionals. Minutes from these meetings showed that the person had discussed their carers, what had happened and what they wanted to happen.

People told us that they had care plans and that these were available for the staff to look at. One person told us, "If I have a new carer they look in the folder to see what needs doing." We found care plans were in place for people. Copies of care plans were held at the service's office and also at people's homes. This meant that both people who used that service and the care staff were able to consult them. Care plans included personalised information about what was important to the person. For example, the care plan for one person highlighted that they liked a specific product for washing with as this was most comfortable for them. Staff had a good understanding of the care needs of the people they worked with and could tell us about these.

People said they knew how to make a complaint. One person told us, "I have complained and the manager responded very well and it was quickly resolved." Another person told us, "I have never had to complain as they are so good at their jobs, I have a folder with all the contact details so if I need to call someone I have the numbers." A relative told us, "If I have any concerns I would call the manager." Another relative told us, "If I have any worries I ring the manager."

The service had a complaints procedure in place. This included timescales for responding to any complaints received and details of who people could complain to if they were not satisfied with the response from the service. The registered manager told us that all people were provided with a copy of the complaints

procedure and we saw that it was included within the service user guide.

We saw records that showed that nine complaints had been received in the last twelve months. We saw that these had been investigated and the outcomes of the complaints had been communicated to the person that made the complaint. The complaints had been resolved within the timeframes that were described in the complaints procedure.

Is the service well-led?

Our findings

All the people we spoke with told us that they had received questionnaires about the service that they received. One person told us, "They sent me a survey to see what I thought of the service. I told them it was very good." A relative told us, "They sent a questionnaire to ask what [person's name] thought of the service." We saw that a questionnaire had been sent to people who used the service in February 2015. The results of this were detailed in a report and included recommendations to address any areas of concerns. This report was sent to managers within the organisation however people who had completed the survey were not sent feedback. The registered manager told us that they would discuss this with the operations manager.

People told us that they knew who the manager was and were happy to contact them or the office staff at any time. One person told us, "I would call the office if I had any problems." Another person told us, "I'm sure that the managers and staff will listen to what I'm saying." A relative told us, "I could call the manager and we will soon sort things out." Staff told us that they found the registered manager approachable. One staff member told us, "If I have any problems they will put it right." Another staff member told us, "They listen and are approachable. I can go in at any time and speak to them

Staff told us that they felt valued by the organisation. One staff member told us, "I feel valued. I'm very happy with Medacs." Another staff member told us, "They are very helpful, they communicate and I feel valued."."

We saw that there had not been any team meetings held in 2015. The registered manager confirmed that no meetings had taken place. They told us that staff had received communication from the organisation but no formal meetings had taken place. We saw that all staff had been sent dates for team meetings for 2016. Staff told us that they had received these dates.

The provider undertook an annual audit of quality. This had last been completed in January 2015. We saw that from this an action plan was developed that recorded any outstanding areas, who would be responsible for completing these and timescales for completion however the information about who would be responsible for actions and timescales for completion had not been recorded. We did not see that progress against the action plan had been recorded. The audit looked at areas such as staff recruitment checks, supervisions, training, reviews of care plans, telephone monitoring for quality of the service, and checks on paperwork that had been completed.

The service had a registered manager in place and there was a clear management structure. The registered manager was supported within the office by a two senior quality assessors, care co-ordinators and an administrator. They were supported within the organisation by an operations manager, operations director, a recruiter and a head of training and clinical governance. The registered manager told us that they felt supported by the staff and management. The registered manager told us that they attended quarterly meetings with the managers from other services and this offered additional support from people in similar roles.

The registered manager understood their responsibilities under the terms of their registration with CQC. They understood their responsibilities to report incidents, accidents and other occurrences to CQC. They reported events they were required to report.