

Medical Partnerships Ltd

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Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The inspection took place on the 28 June and 7 July 2016.

Medical Partnerships Ltd is a small domiciliary care agency (DCA) registered to provide personal care and support to older people living in their own homes. The service does not provide nursing care. At the time of our inspection 29 people were using the service.

A registered manager was in post who was also the owner of the business. 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.

Staff told us they had received the training they required to be able to carry out their role and were well supported by management; however we found that there were no formal systems in place for staff supervision and appraisal and completion of staff training had not been effectively monitored. We discussed this with the registered manager who immediately put into place a supervision and appraisal plan to ensure staff received formal supervision, including observation of practice and appraisal of their performance.

People felt safe. Staff had received training in safeguarding adults and understood the signs of abuse to look out for and how to report any concerns including whistleblowing if appropriate. Risk assessments were in place to keep people and staff safe. Safe recruitment processes were followed and there were sufficient numbers of staff to meet people's needs. People received care from a consistent staff team.

People received a service which was based on their personal needs and wishes. Care plans were personalised and provided staff with sufficient information to meet people's individual needs. Staff were caring and kind and knew the people they cared for well and treated people with dignity and respect.

Although records showed 40% of staff had not received training in the Mental Capacity Act (MCA) 2005, all the staff we spoke with had a basic understanding of the principles of the MCA and understood the need to obtain consent from people before providing care and to respect the rights of people to make their own decisions.

The registered manager had a number of ways of gathering people's views and there were a number of informal quality monitoring processes in place to help ensure the service was running effectively.

The service had a complaints policy and people and relatives told us they were confident any concerns would be listened to. None of the people we spoke to during the inspection had any complaints about the service.

Staff felt valued and supported and enjoyed working for the service; they shared the registered manager's

vision and values and were committed to providing a high quality service to people.

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 and their relatives told us they felt safe with staff. Risk assessments and care plans were implemented to ensure people's safety.

There were safe and robust recruitment procedures in place to ensure people received their support from staff who had been deemed suitable and safe to work with them

The service had the correct level of staff to meet people's needs.

Is the service effective?

Requires Improvement ●

The service was not always effective.

There were no formal structures in place for staff supervision and appraisal.

People were supported with their nutritional needs.

People were supported to access healthcare professionals when needed.

Is the service caring?

Good ●

The service was caring.

Staff knew the people they supported well.

People who used the service and their families valued the relationships they had with staff and were very happy with the care they received.

People were supported to maintain their independence.

People's privacy and dignity was respected.

Is the service responsive?

Good ●

The service was responsive.

The service was flexible and responsive to people's individual needs.

The provider had a complaints system in place and people and their relatives felt confident any concerns would be addressed.

Is the service well-led?

Good ●

The service was well led.

Staff felt supported and valued.

There were systems in place to seek the views of people who used the service and feedback was used to make improvements.

The registered manager was in the process of implementing more robust quality assurance processes to monitor and improve the quality of the service.

Medical Partnerships Limited

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 the 28 June and 7 July 2016 and was announced. We gave the service 48 hours' notice of the inspection to ensure the registered manager was available to assist us with the inspection. The inspection was completed by one inspector.

Before the inspection we reviewed the information we held about the service. This included the last inspection report and any statutory notifications we had received. Notifications are changes, events or incidents that the provider is legally obliged to send us. We also reviewed a Provider Information Return (PIR). A PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we visited two people in their own homes and spoke on the telephone to one other person who used the service, two relatives and a social worker. We also spoke with four members of staff, the administration manager and the registered manager/registered provider. We reviewed five people's care files, four staff recruitment and support files, training records, a sample of policies and procedures and quality assurance information.

Is the service safe?

Our findings

People we spoke with told us that the service helped them to remain safe in their own homes. One person told us, "I feel so lucky they [staff] look after me." Another person said, "I feel totally safe and perfectly happy. I like the service and the girls [staff]. I would have changed if I wasn't happy." A relative said, "[Name of family member] is absolutely safe and I don't need to worry." The service had safeguarding and whistleblowing policies in place and staff understood the importance of keeping people safe and protecting them from harm. Staff we spoke with knew how to recognise abuse and how to report it. One member of staff told us, "I would speak to [name of registered manager] straightaway to discuss next steps and if I felt they were ignoring my concerns I would go to you [CQC]." Another said, "I would immediately report to the office. I am confident they would listen to any concerns but if I had to I would contact CQC or social services." Records confirmed that all staff had completed safeguarding training.

The care plans we looked at contained a summary of people's individual needs and information to identify and manage any risks. Environmental assessments of people's homes were also undertaken and included information such as access to people's properties and potential trip hazards. This provided staff with information to keep themselves and others safe when visiting people.

There was a robust recruitment process in place. This included dealing with applications and conducting employment interviews. Relevant checks were carried out before a new member of staff started working at the service. These included obtaining references, ensuring that the applicant provided proof of their identity and undertaking a criminal record check with the Disclosure and Barring Service (DBS). The recruitment records we looked at confirmed appropriate checks had been undertaken.

There were enough staff to meet people's needs. People and their relatives said the service was reliable and they received support from a consistent staff team. People told us there had been no issues with staff arriving on time, leaving early or missed calls. Comments included, "They [staff] are never late, sometimes the traffic may make them a couple of minutes late but that's not often." and, "They always come on time; I have two main girls and when they are away I know the other girls that come." Staff we spoke with told us there were enough staff to meet people's needs and they did not feel rushed or task focussed. One member of staff said, "Medical Partnerships is much better than some of the companies I have worked for, you always have enough time to spend with people and I don't ever feel rushed." The registered manager told us the service did not provide support for people who had high needs such as requiring two members of staff to visit or support with the administration of medication. He said if the service was unable to meet an individual's increasing care needs they would be helped to find an alternative service to ensure their needs could be met in a safe way. A member of staff said, "The best thing is that [name of registered manager] also looks after the staff as well as the clients and rather than struggling will let people go [to another agency/care home] to keep them safe so their needs can be better met."

Staff knew what to do if there was an accident or if people became unwell in their home. One member of staff said, "If somebody was unwell I would contact the office and inform the person's family. Dependant on the situation I would call for an ambulance or help them to make an appointment to see their doctor."

The service had appropriate infection control policies in place and personal protective equipment including disposable gloves and aprons were readily available from the service's office.

Is the service effective?

Our findings

Staff told us they felt well supported by the registered manager and that there was regular communication with them; however records showed that staff had received no formal supervision or appraisal and staff meetings had not taken place. Also, there was no formal process for undertaking spot checks during care calls to review the quality of care provided by staff. We discussed our concerns in relation to staff supervision and training with the registered manager and the administration manager. They told us that as the service was so small they were in regular contact with staff and did not wish to take staff away from providing support to people. They said people and their relatives would contact them if they were dissatisfied with the quality of care provided; however from our discussion they acknowledged the importance of staff supervision and immediately put into place a supervision and appraisal plan to ensure staff received formal supervision, including observation of practice and appraisal of their performance. This meant staff would have a structured opportunity to discuss their responsibilities and to develop in their role and ensure training was completed in a timely way.

When we reviewed staff training records we found that some members of staff had not completed training in line with the service's policies and procedures. For example, 60% of staff had not completed food hygiene training and 40% had not completed mental capacity training. However, staff we spoke with told us they felt they had received sufficient training in order to carry out their role and people and their relatives told us that they felt they were cared for by competent staff. Comments included, "I think they do have the right training I have no fault with them [staff] whatsoever", and, "I think they have had the right training they're very good." One member of staff said, "We don't have staff meetings but we don't need them as we work so closely and well together as a team. We are always bumping into one another as we cover a small area." Another said, "There are no staff meetings or supervision but we are constantly in contact with the office, they [management] are very approachable and can be contacted day or night."

Staff undertook an induction when they started working at the service. The induction included completing training and shadowing other staff. A new member of staff told us, "I shadowed other staff and got to know clients' needs and how they wished to be supported. [Names of registered manager and administration manager] are really informative and regularly ask me how I am getting on and if I have any problems. They are really approachable."

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty safeguards (DoLS). The 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.

We checked whether the service was working within the principles of the MCA. The registered manager had an understanding of the MCA and, although care staff were less clear on the detail of the MCA they recognised the importance of enabling people to make choices and ensuring that the care they provided

was in the person's best interests. Prior to care and support being provided staff told us they always asked for people's consent and acted in accordance with their wishes; this was confirmed by the people we spoke with and observed by us when we visited people in their own homes. One member of staff told us, "If someone refuses [care] we have to respect that but if someone continued to refuse I would report to the office."

Where appropriate, people were supported at mealtimes to have food and drink of their choice. Information on people's nutritional needs, including food likes and dislikes, were detailed in their care plans. One relative said, "I buy frozen meals and the carers come in every lunch time, it's important for [name of relative] to have their dinner prepared by the carers." We observed during our home visits that drinks had been left for people and were easily accessible. People were also offered choices on what they would like to eat and drink and were given time by staff to make their decision.

The service supported people to meet their health needs. Staff told us because they knew people well they were able to notice if they became unwell and, if they had any concerns about a person's health they would inform the person's family and notify the office. One member of staff told us, "I went to see [name of person] this morning who I haven't seen for a while and noticed their mobility was not so good. I called the office and they were already aware of this and were dealing with it; they're very good like that." A relative told us how carers had contacted them immediately when they observed a rash on their family member's body. One person told us, "If I need to see the doctor or go to the hospital I just have to call the office and tell them about my appointment and they come earlier, they are very flexible." The service does not administer medication but one person told us how the service had helped them when they were anxious recently, they said, "I had a mix up with my [medication] and I panicked at the weekend. I contacted my carer who got in touch with [name of registered manager's wife] who got on the internet and contacted [pharmacy]; it's all been sorted and [medication] is coming tomorrow, they go the extra mile, over and above." A healthcare professional told us, "The service only takes on what they can manage, they are a brilliant agency. They do contact me to seek advice when needed."

Is the service caring?

Our findings

The service had a strong visible person centred culture and staff had developed positive relationships with people. Comments from people included, "They're lovely caring girls, its more of a friendship than a client relationship point of view, they are like an extended family.", "[Name of staff member] pops in very often during the day and I'm pleased with her, she is such a nice girl and is always there to help me if I need anything or I've had a problem." and, "I am so lucky as each one of them [staff] is so nice and kind, it makes such a difference and puts me at ease." A relative told us, "Finding Medical Partnerships has been a blessing, nothing is too much trouble; they come every day and are very caring. [Name of carer] is great, really lovely, you only have to say something and they say 'don't worry we can do that'."

People were treated with dignity and respect. During our inspection we observed staff being caring and kind in their approach to people and they were sensitive to each person's individual needs, giving reassurance where needed. Staff addressed people by their preferred names and spoke to people politely and engaged in appropriate conversations which created a relaxed and pleasant atmosphere. Staff were very knowledgeable about the individual needs of people and were able to tell us about people's likes, dislikes and choices as well as information about their personal histories and things that mattered to them.

People described how staff regularly completed additional tasks and always asked if any further support was needed before leaving their home. One person told us, "They do other little jobs for me like putting out the rubbish." Another person said, , "[Name of carer] asks me when they are going whether I would like anything for when they next visit, it's an excellent relationship I couldn't ask for anything more."

People's dignity and privacy was respected. Staff described how they always ensured curtains and doors were closed when providing personal care. People's care plans included specific guidance on how to respect each person's privacy and people told us that staff always treated them with dignity and respect. One person said, "They [staff] are very good and definitely treat me with respect and dignity."

People were supported and encouraged to maintain their independence. One staff member described to us how it was important to encourage people to remain independent, they said, "I try to encourage [name of person] to walk with their frame as its important they use it." Another staff member said, "We mustn't do things for people just because it's quicker. If people are not encouraged to maintain their independence they will lose it."

People's diversity needs were respected and included in their care plan. The registered manager told us that if any person required support to access religious services they would be willing to take them and told us that one member of staff supported one person to attend church once a month, he said, "It's a social thing and [name of person] gets a lot of pleasure from it."

The service had information on its website about local advocacy services. An advocate supports a person to have an independent voice and enables them to express their views when they are unable to do so for themselves. At the time of our inspection there was no one accessing advocacy services.

Is the service responsive?

Our findings

People received care that was individual to them and personalised to their needs. The registered manager told us that before the service agreed to provide any care or support an assessment was undertaken to ensure they were able to provide the level of care required to meet people's needs. He said that where possible the assessment included the involvement of families, friends or neighbours. A relative told us that they had been involved in the assessment process, they said, "[Name of staff] came to do an assessment; they was very good, excellent. I was involved and [staff member] communicated well with [name of loved one] and included them in the conversation as if they were the main person which they are." A healthcare professional confirmed to us that the service always undertook a thorough assessment to ensure they could meet people's needs. The registered manager told us that they contacted people and their relatives within a few weeks of people receiving the service to see that they were happy with the care and support provided. A relative said, "[name of registered manager] phoned us to check everything was working ok; he beat me to it as I was going to call him to say how good the service was." The registered manager told us that they always checked to ensure people's care needs were being met and listened to staff and, if necessary, adjusted people's visiting times accordingly with the agreement of people and their relatives.

People's care plans were sufficiently detailed to enable staff to provide care effectively. A member of staff told us, "Care plans are very informative and if we think people's needs have changed we inform the office so they can review [the care plan]." Care plans were reviewed every 12 months or sooner if the person's needs changed. One person said, "I have a care plan but I don't always look at it but I am asked for my views; we have a good conversation and they always cross check with me what I want."

The service had a complaints policy and procedure. With the exception of one complaint received in 2008 we noted no formal complaints had been received by the service. One relative told us, "I would go to [name of registered manager] if I had any concerns, he has already said if you have any concerns to call him." Another said, "I have no complaints whatsoever I would tell you if I did."

Is the service well-led?

Our findings

The service was a small family run organisation and had a registered manager in post who was supported by an administration manager. Both managers worked in the office on a daily basis and operated an 'on call' service for staff and for people who used the service which was manned at all times. They knew people very well and people, relatives and staff told us that management were very approachable and operated an 'open door' policy. One member of staff told us, "They [management] are very approachable and can be contacted day or night."

The registered manager had clear vision and values that were person centred and focussed on people being as independent as possible. Staff shared this vision and told us they enjoyed working at the service and were committed to delivering good quality care. One member of staff said, "I really enjoy my job and helping people." Another said, "This company is much better than some I've worked for, you always have enough time to spend with people and give good quality care."

The registered manager sought the views of people using the service through day to day conversations with people and by undertaking annual questionnaires. We saw the results from the service's 2015 questionnaire which had a response rate of 90%; the majority of responses were very positive. An analysis of the responses had been undertaken to see where the service could be improved. There were no formal processes in place for seeking feedback from staff. One member of staff told us, "They don't ask staff for feedback on the service but I don't think anything needs improving. If I felt there was something I could always contact the office and I would be listened to."

The registered manager was very much 'hands on' and the quality of service was good overall but on-going records needed to be kept in an informed way. The registered manager acknowledged some improvements were required and understood the importance of improving quality assurance. During our inspection the registered manager had started to review the service's current systems to ensure more effective and robust quality monitoring processes were put in place.