Medacs Healthcare PLC

Medacs Healthcare - Croydon

Inspection report

Saffron House 2nd Floor
15 Park Street
Croydon
CR0 1YD

Tel: 02086863842

Date of inspection visit:
09 December 2015
10 December 2015
20 January 2016

Date of publication:
18 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?	Good

Summary of findings

Overall summary

This inspection took place on 9 and 10 December 2015 and 20 January 2016. The provider was given 48 hours' notice of the inspection because the service provides domiciliary care and we needed to be sure the manager was available.

Medacs Healthcare - Croydon is a domiciliary care agency that provides care and treatment to approximately 400 people of all ages and with varying needs in their homes across a number of London Boroughs.

The service has 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 they felt safe and secure with staff from this service. Staff had attended safeguarding training. They recognised different types of abuse that may take place and understood how to report it. Risk assessments reflected people's needs and supported their goals and supported staff to provide safe and appropriate care and support. There were sufficient numbers of suitable staff to meet people's needs. People told us staff generally arrived on time and remained for the allocated period. If there were any delays the service informed people. Staff went through an appropriate recruitment process before being employed. People's medicines were administered safely.

Staff received regular training and management support. Training included an induction process for new members of staff and refresher training for existing staff. Training, management supervisions and appraisals took place in the areas where staff worked including e-learning. Some training that required the practical use of equipment was delivered in the service's training room. Staff were supported on occasions to obtain further, relevant qualifications. Staff had completed Mental Capacity Act training and the service was working within the principles of the Act. People consented to their care and support.

People told us staff were kind and treated them and their relatives with dignity and respect. Care and support was delivered by staff in a patient, friendly and sensitive manner. The service supported people to express their views and to be involved in planning their care and support. Staff respected people's dignity and privacy and encouraged people to be as independent as they wanted to be.

The service was responsive to people's needs. People's needs were assessed before the service started providing care and support. Care plans were person centred and identified needs, goals and preferences. The service encouraged feedback from people and their representatives about their experiences of the service through monthly monitoring telephone calls, quarterly visits and annual surveys. The service had an appropriate system for dealing with complaints.

Staff told us they felt valued and appreciated. There were systems to obtain feedback from staff which included regular staff meetings and surveys. Any adverse incidents or incidents of note, including safeguarding and other statutory notifications were reviewed by the provider's clinical lead to identify and implement any learning or improvements. There were systems and processes to monitor and assess the quality of service provided and identify any risks to the health, safety and welfare of people using the service and staff. Records were accurate, up to date, accessible and were fit for purpose.

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. Staff understood their responsibilities to protect people from the risk of abuse or harm. Risk assessments supported staff to provide safe and appropriate care and support. There were sufficient suitable staff to support people's needs. Medicines were managed appropriately.

Is the service effective?

Good

The service was effective. Staff received regular training and management support. Staff had completed Mental Capacity Act training and the service was working within the principles of the Act. People consented to their care and support.

Is the service caring?

Good

The service was caring. People told us staff were kind and treated them and their relatives with dignity and respect. The service supported people to express their views.

Is the service responsive?

Good

The service was responsive. Care plans were person centred and identified needs, goals and preferences. The service encouraged feedback from people and their representatives about their experiences of the service. The service had an appropriate system for dealing with complaints.

Is the service well-led?

Good

The service was well-led. There were systems to obtain feedback from staff which included regular staff meetings and surveys. There were systems and processes to monitor and assess the quality of service provided and identify any risks to the health, safety and welfare of people using the service and staff.

Medacs Healthcare - Croydon

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 9 and 10 December 2015 and 20 January 2016.

The provider was given 48 hours' notice of the inspection because the service provides domiciliary care and we needed to be sure the manager was available.

The inspection was carried out by an adult social care inspector and two experts 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.

Before the inspection the provider completed a Provider Information Return. This 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. We also reviewed information we held about the service which included statutory notifications and safeguarding alerts sent to us by the service. During the inspection we spoke with the manager and eight members of staff. We looked at records about people's care and support including 10 care files. We reviewed records about staff, policies and procedures, meeting minutes complaints and service audits. We spoke with 29 people using the service or their representatives and four health and social care professionals.

Good

Is the service safe?

Our findings

People told us they felt safe and secure with staff from this service. One person said, "It's very safe. Very, very safe." Another person said, "Yes, one hundred per cent I feel safe" One person told us, "Definitely feel safe because of the continuity of care makes me feel safe." These were the views of most people we spoke with. One parent mentioned an incident within the last year where a staff had acted in a way that had put their child in an unsafe situation. This was reported to the service and the staff member was replaced.

Policies and procedures for safeguarding vulnerable adults supported staff with clear directions and guidance about safeguarding procedures. Staff told us they had attended safeguarding training for adults and where appropriate for children and understood their responsibilities to protect people from the risk of abuse or harm. They demonstrated they could recognise different types of abuse that could take place and knew the procedures for reporting concerns. We confirmed staff had completed safeguarding training at regular intervals through training records. We checked our records and were satisfied the service was meeting the statutory requirements to report safeguarding. The service has demonstrated they react quickly to safeguarding incidents and act on any areas that could be improved. The provider employed a head of clinical services who reviewed safeguarding incidents to identify any opportunities for learning and improvement at both service and provider level.

We found that care and support plans for people using the service were underpinned with relevant risk assessments carried out by team leaders or service quality assessors with input from relevant local authorities. They were completed in consultation with people using the service or their appropriate representatives and took into account people's preferences. The risk assessments reflected the needs and goals for each individual and included risks associated with the building and environment in which the person lived and any equipment required to deliver care and support. Risk assessments supported staff by identifying risks and providing them with clear guidance on how to deliver safe and appropriate care and support. We saw risk assessments were reviewed at periodic intervals or in response to specific incidents or changes in needs.

We found there were sufficient numbers of suitable staff to meet people's needs and keep them safe. The service provided care in a number of London Boroughs for people from various age groups and with varying complexities of needs. Staff were experienced and skilled in the areas they worked or appropriately trained and supported until they were assessed as competent. People with complex needs were cared for by experienced staff.

People we spoke with commented positively about the timeliness and attendance of staffs. We were told staff stayed for the time allocated and people using the service were telephoned if there were any delays. Speaking about their staff one person told us, "She's never once come late. She's very dedicated. She's very professional." Another person said, "Yes they arrive on time. If they are going to be five or 10 minutes late they call me to let me know they are stuck somewhere." One person said, "It's a bit variable, but they're pretty reliable." Two people told us about single incidences where a staff had not turned up and there had been no telephone call.

The manager explained the service had made and was making changes to improve timeliness and attendance. Rotas showed that there was no doubling up of staff, that is members of staff being booked to visit different people at the same time or overlapping times. Care packages were 'zoned' and staffs from that zone were used to provide care. This reduced travelling times for staffs and ensured they were familiar with people using the service and their families. Staff were provided with an '0800' number to call into the office at the start and end of each attendance. The increased use of mobile telephones has led to a decrease in the number of people with landlines. Along with some people refusing to allow staffs to make these free calls the effectiveness of the system has diminished. The service has been looking at providing all staffs with a mobile telephone to log in and out. This would provide real time feedback to the office and enable instant communication with staff. The zonal system enabled the service to control leave and absences to ensure there were enough staff available to meet people's needs. The system allows a certain amount of resilience to accommodate short notice leave such as sickness.

We looked at a random selection of staff records and found there were recruitment procedures that ensured only suitable staff were employed. Recruitment records contained a job description, application with an employment history and an interview process. We saw there were identification documents and references. Each member of staff had been checked with the Disclosure and Barring Service that showed they were suitable to be employed in a social care environment. These checks were completed every three years and for staff working with children this took place once a year.

We found the service had a comprehensive policy to support staff and provide guidance around the administration of medicines. All members of staff completed relevant training and their competency was assessed in the workplace before they were allowed to administer medicines. The service encouraged people using the service or relatives to take responsibility for medicines wherever possible. The support people needed with medicines, including hospital medicines, was assessed by a service quality assessor and a procedure put in place. In addition to prescribed medicines these procedures addressed pro re nata (as needed) medicines, homely remedies and covert administration. These were recorded in people's support plans with risk assessments. Staffs recorded details of any medicines they administered or prompted in a medicine's administration record. In the random selection of records we viewed medicines administration had been recorded correctly. None of the people we spoke with needed the assistance of staff with medicines. Several people told us staff always checked with them to see if they had taken their medicines.

Good

Is the service effective?

Our findings

People were cared for by staff who had the knowledge and skills they needed to deliver safe and effective care. We received positive feedback from people using the service and relatives we spoke with about the abilities of staff to meet their needs. New staff completed an induction process that reflected the requirements of the Care Certificate that has recently replaced the Common Induction Standards. We found staff were provided with regular training relevant to their roles such as the administration of medicines, moving and handling, safeguarding, first aid and basic life support, food hygiene and health and safety. We saw other subject areas for training were covered in a rolling programme of training and refresher training. The service ran a monthly report on their systems to identify staff training needs.

Over the last two years or so the service has found ways to improve how they deliver training to staff who are located throughout the Greater London area but report to the one office in Croydon. At one time staff had to travel to Croydon for refresher training where short notice cancellations and non-attendance wasted training opportunities. The majority of training is now delivered at various locations and via e-learning that accessible at home by staff with a computer or elsewhere such as the local library. The service had a training room at the Croydon office and permanent training staff. Staff are only required to attend the office for induction training and once a year to complete manual handling and medicines training. The training room was well equipped with a hospital bed, hoist and first aid training dummies that introduced practical elements into training.

Staff told us they were supported to obtain further, relevant qualifications. One member of staff told us they were being sponsored by the service to obtain a Level 3 qualification in Health and Social Care through the Qualification and Credit Framework. We found the service monitored and supported staff through regular one-to-one supervisions, appraisals and observations in the workplace. Staff confirmed they had regular supervisions and this was apparent in staff records.

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. The manager had a good understanding of the principles. We were told any issues of capacity were usually addressed by or in consultation with the care coordinator from the funding authority.

We found staff had completed Mental Capacity Act training. Staff training supported them to understand issues around capacity and recognise changes in people's capacity. We saw completed consent forms in care support plans and noted people's involvement in their care planning and support. Where people were unable to sign consent or provide consent themselves they were signed by appropriate representatives such

as a relative with a lasting power of attorney. People told us staff asked for consent before providing care and support. One person told us staff always asked for her consent before providing care and support. Another person said, "[The member of staff] seeks agreement for things they are doing."

Some people using the service had support with meals. Where this was the case it was recorded in people's support plans and staff recorded what they had provided in daily records. People told us staff supported them with choosing what they wanted to eat. The service also supported people with their healthcare needs. The extent of the support depended on the care package, for example some people were accompanied to medical appointments with the GP, hospital, dentist and so forth. Whatever the package, people were supported if they were feeling unwell by staffs contacting the GP, district nurses, and other healthcare professionals and when necessary calling the emergency services.

Good

Is the service caring?

Our findings

People told us staff were kind and treated them and their relatives with dignity and respect. Care and support was delivered by staff in a patient, friendly and sensitive manner. A relative of one person receiving end of life care commented about one member of staff, "I would never have survived. She has been so supportive of me and my family. She's been a godsend." One person said, "They really respect my son and they really care about my son. I trust them completely." Another person said, "My carers are fully committed to the job in hand." One person told us, "I have every confidence in them they are really good people." Another said, "They are brilliant, we get on like a house on fire. I look forward to them coming, we are more like friends." One person said, "Our carer goes out of his way, when we were out the other day he saw me trying to push my husband in the wheelchair, he came over and pushed him for me, he's so nice" The members of staff we spoke with came across as caring people and spoke about treating people as you would like to be treated and treating people as if they were family.

We found the service supported people to express their views and be involved in their care and support. People told us they had been involved in planning, discussing and making decisions about their or their relative's care. This included initial meetings, equipment checks and regular reviews as well as more informal communication. One relative said her son's carer is, "Able to talk with him and support him in articulating his perspective." Another person told us staff were, "Always talking with him. Letting him express himself."

One parent explained staff used short sentences to give her child a choice of two options so she was able to make her own decision. Another parent said, "The carer does allow him to make decisions. Gives him options so he can choose." One relative said, "They explain things to him. They do talk to him about things and they try to encourage him to be a bit independent." Another relative said, "They explain things to him."

When we looked at care records we saw people had signed care plans, acknowledged involvement in assessments and planning discussions and provided feedback about what was happening in monthly checks carried out by the service. People's preferences and choices were clearly recorded. It was apparent through our conversations with people that staff supported them with making choices and expressing preferences.

We found staff respected people's privacy and dignity and encouraged people to be as independent as they wanted to be. Some people said they had been offered the choice of a male or female carer. One relative said, "They offered me and I chose female." One relative told us staff help her son's to maintain his dignity by supporting him to do things himself. Another relative told us staff closed doors and curtains when providing personal care. Another parent told us staff managed her daughter's behaviour in a dignified way and, "Talk to her to manage her behaviour." One relative said, "We asked for a male carer and they gave us one and he is excellent." Another said, "They are very respectful." One person told us, "They encourage me and give me a lot of reassurance when I do things for myself". Another person said "They are respectful especially when I am on the commode". Staff told us respect for people's privacy and dignity was instinctive because that is how they would want to be treated. In the Provider Information Return, the manager told us six members of

staff had been awarded 'Dignity in Care' certificates by the London Borough of Richmond-upon-Thames in 2015. These members of staff were recommended for the awards by people using the service.

Good

Is the service responsive?

Our findings

We found the service was responsive to people's needs and listened to people's experiences of the service. One person told us, "They are really good and helpful. We didn't feel that the first two carers were right for my son as he liked to go to the gym, he now has someone that he gets on very well with and they have similar hobbies." Another person told us, "I think I have a good relationship with the staff there, so I can talk to them about anything specific." Another said, ''They do call me if there's any changes in carers." One person told us, "They're regularly in touch with me over the time." A relative told us new carers spend time observing the support that her son needs so they can become familiar with it. One person said, "They are very flexible with me if I need to change times to suit me they do they meet her needs very well"

People received care that was responsive to their needs. People's needs were identified with people and their representatives in an initial assessment. The assessment took into account information from healthcare professionals and commissioning bodies where it was available. One person told us, "They came to see me in hospital and did an assessment"

Care plans were based on the initial assessment and other information provided by healthcare professionals. They were person centred and identified people's needs, goals and preferences and how they were expected to be delivered. This provided clear guidance to staff on how to deliver safe and effective care and support. Care plans recorded people's history and 'This is me' sections. Consequently staff were aware of people's background, preferences and interests which meant they were better equipped to deliver personalised care and support. Staff we spoke with were knowledgeable about and the needs of people they supported. The care plans we examined were clear and concise and supported staff to deliver person centred care albeit within the time constraints and limitations of care packages.

The service encouraged and supported people to provide feedback about their experiences of the service. People told us there was regular contact with the service. After the initial assessment of needs had been completed and within a few days of the care package starting people were visited by one of the supervising staff to check people were happy with the service being provided and to address any teething problems. One person we spoke with confirmed they received what the service calls a 'First Visit.' Service coordinators telephoned people to complete a monthly monitoring check which provides regular feedback from people using the service. Records of these calls were added to people's care records. Where any issues were raised actions were noted on the form or escalated. People were visited in person once a quarter by a supervisor, usually the SQA and when care plans were reviewed. In addition, the provider carried out an annual survey of people using the service.

There was a complaints system with processes that followed recognised practice. We spoke with people about complaints and concerns. One person told us, "In the first case I would talk directly. I would try and sort things out before going down the complaints route." Another person said, "I just make a phone call and let them know." Another said, "I usually call the agency." One person told us, "If I want to make another complaint I ring." Some people had raised concerns with the service, although not recently. One relative said they had too many different carers at the beginning but it settled down quickly. They have had the same

carer for over two years now. One parent described an incident a year ago, where a carer had acted in a way that had put her child in an unsafe situation. She reported this to the service and they responded by replacing the member of staff.

We found the majority of issues, concerns or complaints were dealt with through communication with the office rather than a formal complaint. The manager informed us in the PIR that there had been four complaints in the last 12 months and three had been resolved with one ongoing. The service had a clinical lead who ensured that any learning from complaints was implemented at either a service or provider level.

Good

Is the service well-led?

Our findings

The manager was appropriately qualified and registered with CQC. Members of staff spoke positively about the manager. One member of staff told us, "The manager is fair across the board, approachable and honest. I feel appreciated and valued." Another member of staff said, "It's nice to work somewhere you are appreciated." Staff also appreciated the support they received from office staff.

There were systems to obtain feedback from members of staff and stakeholders. There were quarterly 'patch' and office meetings with members of staff which took place at locations convenient to staff. Each meeting was minuted and the minutes were sent to staff including those who could not attend. These meetings provided staff with the opportunity to feedback their experiences as well as receive information. The provider also completed a yearly survey with staff which was conducted independently from the service. There were regular contract meetings and reports for commissioning authorities and feedback from them.

We found the service had a clinical lead who oversaw accidents and incidents, safeguarding, complaints and other events of note. They ensured that any learning or improvements that could be taken from such incidents was acted on and implemented at service or provider level.

In addition to the monthly monitoring checks on people using the service, spot checks and quarterly visits there were other systems and processes to monitor and assess the quality of service provided and identify any risks to the health, safety and welfare of people using the service and staff. These consisted of a system of audits and checks carried out by the manager along with audits carried out by head office staff on behalf of the provider. Any issues identified were considered and where appropriate addressed with improvements introduced or learning implemented.

We examined a variety of records relating to the provision of care by the service. Records were accurate, up to date and accessible. Where appropriate, records were stored securely and limited to those people authorised to see them. We found records were fit for purpose. We reviewed CQC records and were satisfied that statutory notifications were submitted when required and in a timely manner. The manager understood the requirements of duty of candour. The provider had given guidance to the service with a duty of candour policy that supported a culture of openness and transparency.