Medacs Healthcare PLC

Medacs Homecare - Bristol

Inspection report

Office 6 Westbury Court
Westbury-on-Trym
Bristol
BS9 3EF

Tel: 01179506027
Website: www.medacs.com

Date of inspection visit:
21 December 2017

Date of publication:
29 January 2018

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 21 December 2017 and was announced. We gave the registered manager 48 hours' notice of our inspection. This was so that staff and people would be available to talk with us. At the last inspection on August 2016, people's rights were not upheld in accordance with the Mental Capacity Act 2005. At this inspection, we found that suitable action had been taken and people's rights were being fully upheld in accordance with the Mental Capacity Act 2005.

Medacs provides domiciliary care and support to around 200 people living in Bristol and the surrounding area. There were around 200 people receiving personal care when we carried out the inspection. Medacs is a national company that delivers care to people in many areas of the United Kingdom. The services provided at this location included support with personal care such as assistance with bathing and dressing. It also included support with eating and drinking, medicines and home help covering all aspects of day to day housework, this part of the service is not registered by CQC.

There was a registered manager for the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered managers, they are 'registered persons'. Registered person 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 who needed support with their medicines were supported by staff to receive them safely. This was because the staff had completed training in safe handling and administration of medicines. There were safe systems and processes in place to help to protect people from the risk of harm. For example, new staff were only recruited after an in depth recruitment procedure was completed. When taking on new staff the agency placed an emphasis on the potential new employee's caring approach. This was to help them try to recruit staff that were suitable to work with people who used the service.

People felt safe and the staff knew what the different types of abuse were and what constituted poor practice. Staff were aware of the correct actions they should follow if they thought someone was at risk of harm or abuse was suspected. Risks to people were being properly managed. Care records contained up to date guidance as well as detailed risk assessments. These were updated regularly when people's needs changed. Accidents and incidents were closely monitored. If actions were required, after an incident these were discussed with staff and the people involved.

People received care and support that met their needs. The staff were led by an experienced registered manager. The team were committed to the values of the organisation they worked for. These included trying to ensure each person had a good quality of life, and were supported to stay independent.

People told us staff were kind and caring and understood how to provide the care and support they needed. People and their relatives were positive about the caring attitude and approach of the staff. Some people told us recently some visits had been very late and on occasions they had not happened at all. The

registered manager was in the process of putting in place an action plan to respond to these concerns. Visits plans were being reviewed to ensure that where there was an increase in traffic that was impacting on times then more travel time was given.

The staff knew the people they supported well. People were involved in planning how they were cared for and supported. Care records were person centred and written to meet people's individual needs. Care plans were reviewed regularly with the involvement of the person concerned.

The staff felt they had access to the information they needed to meet people's needs, including receiving regular up to date information. Changes in people's needs were identified and their care packages were updated to meet their changing needs. The service was flexible and responded whenever it could t to people's requests.

The registered manager used IT technology in the form of an electronic rota planning software system. This was to help provide a service that was responsive to the needs of people they supported. This meant it was easier to respond to any changes when they happened. For example, if a staff member was sick at the last minute.

People knew how to make a complaint and were encouraged to share their views and opinions about the service they received.

The views of people who used the service were used as a part of how quality in service was checked and monitored. These were obtained via surveys and telephone calls and some interviews.

There was quality assurance systems in place to monitor the quality of the service provided.

There was a positive culture within the service. The registered manager was positive about how they wished to develop the service through good practice and improvement.

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 remains Good

Is the service effective?

Good

The service was effective

People who used the service felt that their needs were met and that staff provided effective support.

Staff were trained and supervised to help them to effectively meet people's needs.

Staff knew how to act in accordance with the Mental Capacity Act 2005 so that people's rights were being maintained.

Staff monitored changes in people's health and sought professional advice when needed

People who needed assistance with eating and drinking were properly supported so that their dietary needs were met

Is the service caring?

Good

The service remains Good

Is the service responsive?

Good

The service remains Good

Is the service well-led?

Good

The service remains Good

Medacs Homecare - Bristol

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 registered manager 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 an updated rating for the service under the Care Act 2014.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they planned to make. We reviewed the information included in the PIR along with information we held about the home. This included notifications, which is information about important events, which the service is required to send us by law.

This inspection took place on 21 December 2017 and was announced. We gave 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that staff and the registered manager would be available.

The inspection team was led by an inspector .The team included 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. The Experts by Experience both had an area of expertise in caring for people in their own home.

We spoke to 17 people and four relatives by phone interview to ask them their views about the service. We also spoke to the registered manager, a senior manager and nine staff. You can see what they told us in the main body of the report.

We reviewed information about people's care and how the service was managed. These included three people's care records and three people's medicine records, along with other records relating to the management of the service. These included training, support and employment records .We checked quality assurance audits, minutes of team meetings and findings from questionnaires that the registered manager had sent to people.

Good

Is the service safe?

Our findings

People felt safe and supported by staff in their homes. Examples of comments made included, "I am active so it is important that my carers come when they are supposed to, so I'm always ready to go out. That's why I like having my regular carers now, because they arrive on time", and "Every single carer I've ever had, has been able to do everything I've needed help with."

Further comments people made included, "In my opinion, they are all good, even the new ones, who I've never had any problems with", and I've never felt unsafe when they are here. They let themselves in with my key safe. They've never left me unsecure at all."

Staff conveyed an understanding of what abuse was. They also knew how to report any concerns they might have. Staff also knew how to report concerns within the organisation and externally such as to the local authority, police and to the Care Quality Commission (CQC).

The staff team had been on safeguarding training. This was to help ensure they had up to date information about how to keep people safe. There were detailed and clear policies for staff to follow. Staff confirmed that they knew about the safeguarding adults' policy and procedure. The registered manager showed that they understood their safeguarding role and responsibilities. The registered manager and staff also understood the importance of working closely with commissioners, the local authority and relevant health and social care professionals.

The risks to people from unsafe staff were minimised. This was because there were safe recruitment and selection procedures in place. Potential new employees had to fill in an application form and an initial interview was then undertaken. Pre-employment checks were completed. These included obtaining two references from previous employers and a Disclosure and Barring Service (DBS) check was also completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. If there was information of concern, this was fully explored and there was guidance about putting in place a risk assessment if needed.

People were supported by the service to stay safe in their own homes whilst minimising restrictions on their freedom. Information was clearly recorded in each person's risk assessment record. These set out the support required by the person and if equipment was needed to help to keep them safe. People told us that home security had been discussed with them. People told us they had been helped to install key safes where appropriate to ensure their safety. Key safes enable staff access to a person's home in the event of an emergency or that they are unable to answer the door.

Health and safety risks in people's homes were clearly identified. Assessments were carried out of each person's home. This was to try to reduce risks to staff and people who used the service. When potential environmental health and safety risks were identified suitable actions were put in place. This was to minimise the likelihood of harm and to keep people safe. Guidance was in place to ensure that staff could use electrical equipment safely. This was applicable to staff who cooked and cleaned in people's homes.

Guidance was in place to ensure that people were supported safely in their bathrooms and shower rooms.

There was an emergency contingency plan in place. This was to be followed to protect people and ensure the service could still be carried out in the event of a crisis or emergency. This included what the service would do in the event of severe weather such as snow. Access to the office was via an electronic keypad system for security. This meant it was secure for staff and people who visited.

Good

Is the service effective?

Our findings

People were positive about the care and support they received. Examples of comments made included, " Because I mainly see the same regular carers, they know me really well and they know what help I need and how I like things to be done", and "I can be quite fussy in my old-age, but my carers have known me for a while now and they never mind doing the jobs the way I like them to be done."

Further comments people made about the staff included, "They seem to be well trained. My regular carer was doing a manual handling training a while ago because she was telling me about it," and "I've never had any problems with them. I had a new carer the other day, and she was telling me the long list of different training courses that they do before they start out with clients."

People were well supported with their nutritional and hydration needs. One person told us, "I am reliant on my carers to make all of my meals for me. They are good, because they always ask me what I would like and then never mind making whatever it is. They also do my food shopping for me, so they will get me anything in that I fancy and if they see some-thing that they think I would like, even if it's not on the shopping list, they will sometimes pick it up for me as a treat. They are thoughtful that way."
Another comment was, "The carers make my breakfast for me every day. Some days I will only have toast, but other days I might fancy some porridge or even an egg on toast. They never make any fuss about me changing my mind and on days when I don't really feel like eating, they will try and persuade me to have something."

Some people were supported to maintain a balanced diet. Staff supported people by preparing meals, drinks and snacks. We saw information in care plans that set out what actions were needed. The staff told us they looked out for changes in people's eating and drinking habits and in consultation with them would contact health professionals if they were concerned

People were supported to see appropriate health and social care professionals when they needed additional support with healthcare needs. There was evidence of health and social care professional involvement in people's individual care records on a regular basis. For example, GPs, district nurses, physiotherapists and occupational therapists supported people with specific health matters and guided staff. Staff ensured other health and social care professionals were involved to encourage health promotion when needed. For example, one person told us how staff had helped them get in touch with a physiotherapist when they had needed to see them.

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 who lacked mental capacity to make particular decisions were protected. It is important a service is able to implement the legislation in order to help ensure people's human rights are protected. The registered manager and staff demonstrated they understood the principles of the MCA and put them into

practice.

Before people received any care and treatment, they were asked for their consent and care staff acted in accordance with their wishes. People's individual preferences were acted upon, such as how they wanted their personal care delivered. One person told us "I don't feel like doing anything one morning, my carer will never force me to, although she will try and encourage me to at least have a bit of a wash or a freshen up while she is here. She always asks me if I'm ready to start doing something as well, and if I'm not, she will usually get on doing some of the tidying up while I sit and have a cup of tea and a biscuit." Another person said, "I do tell my carers, that they don't have to keep asking me if it's alright to do something, they know they can just get on with things. They tell me that it's my choice at the end of the day and I don't have to do anything that's in the care plan if I don't really feel like it".

Staff were monitored by unannounced spot checks of their work when on visit to people. One person told us "One of my carers had somebody come and do a spot check on her a couple of months ago. I think it was somebody from the office who just watched what she was doing and how she was looking after me and she was asking a lot of questions while she was doing it." The registered manager or another member of the management team turned up unannounced when they were visiting a person.

The registered manager explained that the overall performance of staff was checked and observed. Records showed their performance was discussed openly with them afterwards as part of their learning and development. Records also showed that people were consulted as part of this process on how they felt the care was delivered. Discussions about working with people, any learning or actions identified following training and other issues were recorded at each meeting. This was also confirmed when we reviewed the staff training and supervision records. Staff had been on regular training and were being properly supported and supervised in their work.

Good

Is the service caring?

Our findings

People and their relatives told us the care and support they received was good and staff were caring in manner and approach. People also told us staff were respectful in manner towards them. Some of the comments from people included, "When my carer finishes writing in the records, she always sits and asks me if there's anything else at all that I need help with before she goes. Sometimes I don't remember, until she's literally just going out the front door, but she never makes any bother if I call her back in and will always make sure that I'm comfortable before she leaves me."

Further comments included, "I do feel that I am listened to. I was asked whether I preferred male or female carers and roughly what time I would like the call and how I wanted the support to be divided up". "When I've had a review the staff have asked my opinion and I think she's taken it on board what I said to her," and "No one has ever raised their voice to me, or used inappropriate language and if they did I would soon complain about it."

Relatives also told us, "The carers are good and they will always insist that my relative wear something clean each morning they are sensitive ," "All my information sits here in my folder on my table," and "They are caring and professional and they never mind doing any extra jobs that I might need a hand with. They know I struggle to get the new duvet cover on and if I strip the bed they will do it for me even though it's not in the care plan."

Staff we spoke with understood the needs of people they were looking after well. The staff were able to explain about people's individual preferences and daily routines. These included when people liked to get up and how they liked to spend their day. Staff told us how they were matched with the person they supported. They said this meant they usually supported someone who they could get on with well.

Each person had a keyworker; this was a named member of staff who was responsible for providing their care for the majority of their visits. They were known as their 'main caregiver'. People told us the staff would also spend time with them and have a social chat with them as well as provide their personal care.

People said they nearly always received care and support from a regular team of staff. People told us they valued being able to build trusting relationships with them. The visit schedules confirmed that there were consistent staff for people at most visits.

The staff conveyed genuine care for the people they supported. For example, they told us that because they saw people almost every day they cared for them as if they were their family. Staff also understood that their role was to help people to keep their independence. They said they encouraged people to do as much as they could for themselves. Staff were aware that this often meant they were helping people to stay living in their own homes.

People's privacy and dignity was respected. Staff understood the need to ask people's permission before carrying out any tasks and consult with them about their care needs. The staff also understood the need to

ensure that personal information was not shared inappropriately. Staff were given a copy of the service's confidentiality policy to help them understand how to respect confidentiality.

There was an ethos where the registered manager took care of the staff as it was recognised that if carers were happy this would then impact positively on the care given to people. This was demonstrated by the registered manager's open relationships with the staff that we observed during our visit. .The registered manager said it was important to offer them support and help and ensure there was nothing they needed. For example staff were offered visit times and dates in ways that wherever possible fitted in with their own family life.

Good

Is the service responsive?

Our findings

People and their relatives gave us positive feedback about how the service met their needs in a flexible way. One person told us, "When I occasionally get an appointment that means my care needs to be done earlier, I will usually contact the office and if they can do, they will usually arrange for my carer to come earlier, so that I am ready to be able to go for my appointment." Another comment was I've just filled in a form for the office which asked for me to say, which days I will need care over Christmas and New Year and whether there are any days when I need the times to be changed so that I can go to spend the day at my relative's. They do this every year and I have found in the past it usually works quite well."

Some people said that recently the visit that they were due to have had been unreliable. They said there had been recent times when their carer had been late .Two people told us that they had an occasion recently when no one had turned up. The registered manager told us they had put in place a plan of action to address recent challenges that they said had been mainly due to significant traffic and roadworks issues in the city of Bristol.

Based on the feedback from people and staff and our review of care records we saw that the registered manager and other staff had a good knowledge about people who used the service. Staff understood people's needs and how their visits contributed to improving their overall quality of life. For example, support with personal care, meals, medicines management, and mobility needs .Care records showed each person's needs were recorded in detail. All the staff demonstrated in conversation their knowledge of the people they supported.

To plan and deliver care in a flexible responsive and personalised way the services used a computerised system known to help them to deliver care effectively to people. The system was used by the office staff for care management. It monitored visit plans and visits carried out. It also monitored communication from people who used the service. We saw the member of staff whose role was to operate this system rearranging visits and planning times and dates with the help of the system. The system provided real time tracking of staff. Staff electronically telephoned the system to confirm arrival and departure on each visit to a person. This enabled the office staff to track each member of staff and monitor visit times. This was used to address any shortfalls around visits and to put in place future plans to improve how these were planned.

The registered manager had systems in place to ensure that people received care that was person centred. Care records showed that each person's care and support needs were assessed with their full involvement to develop an individualised and unique care plan for them. As part of the assessment process, senior staff met with people and asked them about their life histories, likes and dislikes and their particular preferences. These included who they wanted to provide them with care and what times and dates suited them. People's cultural, spiritual and social needs were also discussed with them. People were asked to say how they wanted these to be upheld and respected by staff. For example people could specify the gender of staff that provided them with personal care and support. People told us this helped them to feel that staff respected them and it maintained their dignity.

Care reviews were carried out regularly and people told us they were involved in this process. For example, people told us they were regularly asked if they were happy with the care, and the staff member as well as the time and duration of the visits. We saw that records of these discussions were kept in each person's care records. These records showed that people were regularly consulted about their care.

New staff along with a senior member of staff would visit a person in their home before giving any care. For new staff they would shadow another staff member to see how the person liked their support given. People told us that if they were unhappy with the staff they could speak to the office staff and they would be changed. Several people confirmed they had requested another member of staff and this was acted on without any comeback.

People knew how to make a complaint or make their views known about the service. Comments included; "I do know how to make a complaint. A while ago, I had a carer who I wasn't particularly getting on with, so I asked the agency to not send her back to me. They didn't make any fuss, or ask me a lot of questions about why I wasn't happy, they just didn't send her back to me again" , "My relative and I certainly met with somebody from the agency and we sat and talked through everything that I needed help with and how I would like the care organised. As far as I'm aware, that was then put together in the care plan, which sits in my folder for the carers to read."

Good

Is the service well-led?

Our findings

People told us their views of the communications with the office staff and the management who ran the service. Comments included, "We had the initial meeting with the manager which would be probably just over a year ago now. We haven't been offered any other meetings since, although if we had a concern we would be on to the office asking for one." Other feedback from people included, "I remember meeting a manager when my wife started with the agency. We know the carers that we see, and that's it," and "I have the office number plugged into my phone, so it's easy for me to ring. On the few occasions when I have called to chase a carer who was running late, they have always been polite and they've told me that they will be on their way but they've just got held up" and "The office number is in my folder and I think it's also already in my phone I only really have to call when I am concerned about a carer having not arrived."

There was an organised office team who had clear roles and worked together effectively. These included overseeing staff employment, managing and monitoring quality, all matters related to the care people receive and visit plans as well as day to day staff concerns. For example, if staff needed to talk about visit plans they could go to the office staff member concerned.

When we spoke with the senior staff they demonstrated a clear understanding of their particular roles and responsibilities. We saw that there was effective communication, for example if a call came through it was always answered without delay. Time was spent talking to the person to find out how they were and exactly what they needed. Staff knew people who used the service whenever they rung up and were friendly in their manner. Action was then taken to ensure that calls were handed over to the senior staff responsible.

The staff told us they felt that their views were encouraged and welcomed. For example making sure that visits to people were planned in a way that gave them plenty of time to get to people and not be late. The people we spoke with also said that they were encouraged to contact the office if they wanted to speak to them about anything at all.

The registered manager had a quality monitoring system in use to review and improve the service. A checklist was used to monitor health and safety, medicines management, care plans and the staff's attitude and approach. The registered manager and other senior staff undertook audits to monitor and identify areas for improvement. For example, if a person did not want a particular care worker to visit them this was addressed with the person and the staff member.

Checks were carried out on incidents and accidents, care records and, risk assessments. This information was logged electronically onto the registered manager's care management system. It was then used to look for trends and themes, this was to ensure people were receiving a service that was safe and of a standard that met their needs. Where actions were needed, these had been followed up. For example, health and safety risk assessments were recently reviewed. Spot checks were also conducted randomly on the care staff. These checks enabled the management team to make sure that staff arrived on time and they supported people in the way they preferred.

We saw that policies and procedures such as safeguarding, whistleblowing and data protection were up to date and based on current guidance. Lead Care Ambassadors were used to encourage evidence based practice and develop skills among the team. For example, staff told us a staff member had taken a lead role in sharing information and guidance around best practise in end of life care.

The registered manager told us that the different agencies run by Medacs met up regularly. We saw from the minutes of these meetings that demonstrated good practices were shared among each other to help improvements to be made. For example new draft policies and procedures were discussed and finalised at these meetings. This was to ensure they were suitable and up to date for use.

There were a number of systems in place to enable the staff team to easily make their views known to management. The staff told us they attended team meetings and they said their views were taken into account. The registered manager told us how much they valued the importance of teamwork and staff support. Staff meeting minutes confirmed that meetings took place. They were also used as an opportunity for staff to keep up to date with current work practices and issues affecting the needs of the people they supported.