

Azariah Medical Partnerships Ltd

Medical Partnerships

Inspection report

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Tel: 01268775254

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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

About the service

Medical Partnerships is a domiciliary care agency providing personal care to people living in their own homes. At the time of the inspection 24 people were using the service. Of those 24 people, 23 were receiving a regulated activity, and the remainder received help in the home. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

Not all staff who had started work at the service since August 2018 had received training. However people told us they felt staff had the skills to provide them with support they needed.

Systems were in place to check the safety and monitor the quality of the service, further improvements were required to ensure these systems were robust and imbedded.

Although people were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; staff's understanding of the Mental Capacity Act 2005 was variable and not all staff had received training. We have made a recommendation that the provider refers to current guidance .

Recruitment procedures were safe. Staff had been recruited following relevant checks being completed. Staff enjoyed working at the service and could approach the registered manager for support and guidance at any time.

People were supported to maintain good health and access health care professionals. Where appropriate, referrals were made to health care professionals. Where required, people were supported with their nutritional needs.

People and relatives told us they were very happy with the care and support they received and would not hesitate in recommending the service to others. They spoke positively about the kind, caring attitude of staff and felt safe in the presence of staff. One person described staff as 'their lifeline'.

Staff treated people with dignity and respect. People's independence was promoted and, where possible, they were encouraged to do as much as they could for themselves.

Assessments were undertaken prior to people using the service to ensure their care needs could be met. People continued to be consulted over their care and support needs.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection (and update)

The last rating for this service was good (published 3 August 2016). Since this rating was awarded, the registered provider of the service has changed. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

Why we inspected

This was a planned comprehensive inspection.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Is the service effective?

Good ●

The service was effective.

Is the service caring?

Good ●

The service was responsive.

Is the service responsive?

Good ●

The service was responsive.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Medical Partnerships

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The registered manager was also the owner of the agency.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the registered manager would be in the office to support the inspection.

Inspection activity started on 25 June 2019 and ended on 27 June 2019. We visited the office location on 25 June 2019.

What we did before the inspection

We reviewed information we had received about the service.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service

and made the judgements in this report.

During the inspection

We spoke with four people who used the service and three relatives about their experience of the care provided. We spoke with ten members of staff including the registered manager, team administration officer and care workers.

We reviewed a range of records. This included four people's care records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found. We looked at training data and quality assurance records. We also reviewed feedback we had received from one social care professional about their experience of the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

Good: This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and relatives confirmed people felt safe when staff visited them.
- Staff knew how to recognise signs of abuse and the action they needed to take if they witnessed or suspected abuse, including referring to other organisations such as the local authority or to CQC. One member of staff told us, "If I was concerned about anyone's appearance, such as bruises or demeanour, then I would report this straight away to the office. I would also report to my manager if I was concerned about the client's relationship with their friends or family in any way."
- Not all staff had received safeguarding training, however training had been booked by the registered manager for staff to complete. In the meantime, they told us, and records showed, that safeguarding was an on-going topic item in staff newsletters.
- The registered manager was aware of their responsibilities for reporting concerns to the local authority and to CQC.

Assessing risk, safety monitoring and management

- Risks assessments were carried out to identify risks associated with people's care, their home environment, and healthcare conditions they were being supported with.
- Risk management plans were reviewed every six months or sooner if required to ensure they were up to date.
- Changes in people's needs, for example following hospital discharges, were communicated to staff via telephone. People's care plans were also updated on the service's electronic care planning system. This meant new care instructions were immediately available.
- Staff were aware of how to report any changes about people's care and support needs and could call for additional support from the office at any time.

Staffing and recruitment

- People told us they were supported by a consistent staff team.
- The majority of feedback we received from people and relatives was that staff arrived on time and stayed for the allocated time. Some people told us occasionally staff were slightly late, but they were usually kept informed by their allocated carer or the office. One person said, "One time my carer gave me a call to tell me they would be late as the person before had been unwell. That's ok with me, and I'd like to think they'd stay with me if I was unwell."
- With the exception of one person, people told us they had not experienced any missed care call visits. The

registered manager informed us there had been issues following the implementation of the electronic rostering system, however these had now been addressed to minimise the risk of missed calls. There had not been any significant impact following the missed calls.

- People were supported by staff who were suitable to work with people. Prospective staff members suitability was checked before they started work. This included checks with the Disclosure and Barring Service (DBS); this allows providers to check the criminal history of anyone applying for a job in a care setting.
- Information had not always been recorded where there had been gaps in staff's employment history. We were informed by the registered manager this would be addressed immediately and formally recorded.

Using medicines safely

- The service does not currently offer support with the administration of medicines.

Preventing and controlling infection

- People were protected from the spread of infections.
- Staff had access to personal protective equipment (PPE) such as gloves and aprons. People told us staff used PPE and they had no concerns regarding staff's practice.

Learning lessons when things go wrong

- The registered manager confirmed there had not been any accidents or incidents since they took over ownership of the agency in August 2018.
- The registered manager told us they would carry out an analysis of all accidents and incidents to consider lessons learned to reduce the risk of reoccurrence.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement At this inspection, this key question has improved to good.

Good: This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Not all staff had received training since starting at the service, they had training certificates from previous employers. The registered manager recognised that staff training needed to be updated and were working towards sourcing training for staff. Following our inspection, they shared a training schedule for staff. This included manual handling, infection control and safeguarding. They also confirmed they had found missing training certificates which some staff had completed with the previous provider. They went on to say, "All members of staff are going to go over all the courses again just to ensure that everyone is at the same level, and I am pleased to inform you that everyone has welcomed this."
- We noted there had not been any significant impact on people using the service in the absence of staff training.
- People and relatives told us they felt staff had the skills to provide them with support.
- Not all staff had received regular formal supervision but told us they were able to approach the registered manager for support and advice at any time. We discussed this with the registered manager and, shortly after our inspection, they forwarded to the Commission a supervision planner which they would be implementing with immediate effect to enable staff to have a structured supervision.
- Newly appointed staff received an induction to the service. This included shadowing experienced staff.

Ensuring consent to care and treatment in line with law and guidance

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.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty

We checked whether the service was working within the principles of the MCA.

- Not all staff had received MCA training. The registered manager confirmed to us they would be sourcing appropriate training for staff to complete.
- Although staff's understanding of the MCA was variable, they understood the need to provide people with choices, respect their decisions and to gain their consent prior to providing care and support. One member of staff told us, "People's capacity may change, and extra support may be needed but we must assume capacity unless it is proved otherwise. "
- People confirmed to us their consent was always sought prior to providing any care and support.

We have made a recommendation that the provider refers to current MCA guidance to ensure they are up to date with current legislation and best practice.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs had been assessed prior to them using the service to ensure they received the right support.
- People's needs continued to be assessed to ensure the care they received met their choices and needs, helped achieve good outcomes, and supported them to have a good quality life.
- Staff told us that people's care plans helped them to provide care that met people's needs.
- People told us their needs were fully met by staff at all times.

Supporting people to eat and drink enough to maintain a balanced diet

- Where required, people were supported with eating and drinking.
- No one currently using the service had any specific dietary or cultural needs. One relative told us their family member required a lot of prompting with eating and drinking and staff had recommended input from the speech and language team (SALT). They said, "Quite often [staff] make suggestions, try different things and come up with ideas. This included contacting the SALT team; I didn't even know what the SALT team was. When SALT came to assess [person], the carer also attended in their own time. Although SALT had lots of suggestions, none really helped."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People said that if they needed to see a doctor, staff supported them with this or reported to their relatives. One person said, "On one occasion, the carer came, and I wasn't feeling well. I had tried to get a doctor out, but they wouldn't come. The carer called the surgery, and someone came out straightaway." A professional told us, "They have referred cases to me in a timely fashion and have answered any queries that I have gone to them with thoroughly, they have been willing to attend meetings at short notice to assist in keeping service users safely at home."
- The service offered flexibility with the timing of care call visits to enable people to attend health appointments. One person said, "They're very flexible with times of visits. I have an appointment tomorrow, so the carer is coming a little bit earlier."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question remained the same.

Good: This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives told us they valued their relationships with staff.
- Without exception, people and relatives told us staff were kind and caring. One person said, "They are my lifeline." Another said, "They are very kind and caring and they know me well."

A relative told us, "Staff are always kind and caring. They all have a laugh with [name] as they have a sense of humour. They are all very good with [name]." Another relative told us, "They go over and above as only contracted to do [allocated call time] but if [name] has not had a good day, they stay until I get in which shows their dedication."

- A professional told us, "Over the Christmas period they went over and above to support [person] who has no close friends and family locally; they brought in food parcels and tried to make it special for them."
- People and relatives said staff listened to what they said, and that people's wishes were respected.
- People's equality and diversity needs were identified and recorded in care plans to ensure their individual preferences and needs were being met.

Supporting people to express their views and be involved in making decisions about their care

- People and relatives told us they were involved in the planning, and on-going review of their care planning.
- People were given the opportunity to provide feedback about the service and the care they received. This was usually done via telephone calls, however the registered manager also undertook visits to people to gain their views about the service.
- A questionnaire had been sent out to people shortly after the provider had taken over the service. The registered manager informed us another questionnaire would be sent out within the next few to months to enable people to feedback their experience of the service and help drive improvements to care delivery. We noted the responses to the questionnaire conducted were mainly positive.
- The service held information on local advocacy services. The registered manager informed us no one was currently using advocacy services. An advocate supports people to express their views and wishes.

Respecting and promoting people's privacy, dignity and independence

- Everyone we spoke with told us staff always treated them with dignity and respect.
- Staff described how people were encouraged to do things for themselves that they could do, such as washing areas that they were able to reach and preparing meals.

- People's confidentiality was respected, and care records were stored securely in the office.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

Good: This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans contained information about people's specific care and support needs. The registered manager was in the process of reviewing people's care plans; this was confirmed by people we spoke with.
- Care plans had some information about people's likes and dislikes, though this did not fully cover their life histories, hobbies and interests. Although some staff had provided care to be people for a long time, had built up relationships and instinctively knew people's preferences, this meant new staff did not always have access to comprehensive information to assist them to provide people with all their individual needs. We discussed this with the registered manager who confirmed they would incorporate this information into people's care plans.
- Staff confirmed any changes to people's needs for example, following hospital discharge, were communicated to them in a timely way.
- People and relatives told us they were happy with the care they received from staff and repeatedly told us they did not have any concerns.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service identified people's information and communication needs by assessing and recording them.
- The registered manager assured us no one would be discriminated from accessing the service and information would be made available to ensure people's communication needs were met. One person with a visual impairment told us changes had been made to documentation to enable them to be able to read the information clearly.

Improving care quality in response to complaints or concerns

- There was a complaints system in place.
- The registered manager told us there had been no formal complaints since they took over the service.
- People and relatives knew who to speak with if they had a complaint and felt confident their concerns would be listened to and acted upon.

End of life care and support

- At the time of our inspection, the service was not supporting anyone who was receiving end of life care.
- Care plans did not record information on people's end of life wishes and preferences. The registered manager told us they would discuss people's end of life wishes with people and ensure this is incorporated into their care plans.
- Not all staff had been trained in end-of-life care. The registered manager informed us training had been scheduled for October 2019.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection, this key question has now deteriorated to requires improvement.

Requires improvement: This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- This was the provider's first inspection since taking over ownership of the service in August 2018.
- Quality assurance systems and checks were in place to monitor the quality of the service however these had not been fully implemented and embedded; for example, monitoring of staff training and supervision.
- The registered manager acknowledged further work was required to improve the monitoring of the service. They advised informal checks had taken place however, considering our feedback, they recognised a more structured, robust approach was required and confirmed they would be scheduling monthly senior management meetings to cover all aspects of quality monitoring.
- Following a personal incident, the registered manager had recognised they required additional support to ensure people received safe, effective care, and had recruited a business administration officer in March 2019 and promoted two carers to team leader roles to support with the day to day running of the service.
- Throughout our inspection, the registered manager was receptive to our suggestions and showed commitment to improving the service to enable greater oversight and governance of the service, ensuring people received safe care and treatment.
- Whilst we identified some issues with quality assurance processes, we noted there had not been any significant impact on people using the service.
- Staff told us they were clear on their roles and responsibilities, felt supported, morale amongst staff was positive, and they worked well together as a team.
- The registered manager understood their regulatory responsibilities; for example, notifying CQC of incidents, serious injuries and safeguarding alerts.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager encouraged a positive, inclusive and empowering culture and was committed to ensuring all staff promoted person-centred high-quality care and achieve the highest possible outcomes for people. One member of staff said, "[Registered manager] is the most caring and approachable person I could ever wish to work for. I have the utmost respect for her. They always listen and consider what I have to say. I am a quiet and reserved person, but [registered manager] always manages to make me feel comfortable being part of a team, and we are now a great team working together."

- Staff members enjoyed working at the service and spoke positively about the culture of the service. They described how all staff cared that the people they supported were kept safe and provided with respectful and dignified care. A member of staff said, "I am happy and proud to work for Medical Partnerships. I love to look after and care for people. I want to promote them in living a happy life and feel safe and well looked after. I want people to feel happy and comfortable after I visit them, whether it's due to personal care or just that I have sat with them and had a chat or just made them smile or laugh. If I've made a difference to their day for the better, then I feel I have done my job."
- Staff were clear on who they would report concerns to and felt confident in raising these issues to management.
- People and relatives told us they would recommend the service to others.
- Duty of candour requirements were understood by the registered manager if anything went wrong in providing personal care.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager had sent out a questionnaire to people and relatives when they first took over the service. We noted positive feedback had been received. The registered manager informed us further questionnaires would be sent out within the next few months. They went on to say they would carry out an in-depth analysis of all responses and, where required, develop an action plan to help drive improvements.
- Staff meetings were held, providing staff with the opportunity to feedback on the day to day running of the service. One member of staff told us, "Since August last year we have been having staff meetings once a month, something this company never did before being taken over. We have full and frank discussions during our meetings which follow an agenda." Regular staff newsletters were also distributed to keep staff updated on what was happening within the service, including compliments received from people and/or relatives. A member of staff told us, "Team morale is the best it's ever been. I feel closer to my colleagues now due to team meetings and increased communication. I feel supported on every level."
- Care plans detailed about how staff should support any equality characteristics that people had.

Working in partnership with others

- Staff worked in partnership with other professionals to meet the needs of people. For example, the local authority and hospital discharge teams. One professional told us, "They have referred cases to me in a timely fashion and have answered any queries that I have gone to them with thoroughly. They have been willing to attend meetings at short notice to assist in keeping service users safely at home. I have found them to be a very caring and well led agency that appears very focused on providing good care for their service users."
- The registered manager was a member of a nationwide network for registered manager which provided a forum to share and discuss best practice.
- The registered manager told us they were in the process of strengthening networks within the local community and with other care providers.