

***We are the regulator:*** Our job is to check whether hospitals, care homes and care services are meeting essential standards.

## Medacs Healthcare

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

Tel: 01162774400

Date of Inspection: 29 July 2013

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September 2013

We inspected the following standards as part of a routine inspection. This is what we found:

<b>Care and welfare of people who use services</b>	✓ Met this standard
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<b>Safeguarding people who use services from abuse</b>	✓ Met this standard
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<b>Supporting workers</b>	✓ Met this standard
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<b>Assessing and monitoring the quality of service provision</b>	✓ Met this standard
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## Details about this location

Registered Provider	Medacs Health Care Plc
Registered Manager	Miss Clare Billingham
Overview of the service	Medacs Healthcare is a domiciliary agency providing personal care to adults and children in their own homes. The agency is situated in Blaby, Leicester. There is parking directly outside the agency's offices, level access, and a passenger lift.
Type of service	Domiciliary care service
Regulated activity	Personal care

## Contents

*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*

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## Summary of this inspection

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### Why we carried out this inspection

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This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an announced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 29 July 2013, checked how people were cared for at each stage of their treatment and care and talked with carers and / or family members. We talked with staff.

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### What people told us and what we found

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The people who used the service and their relatives told us the agency provided good care. One person said, "The service is fantastic. All the staff are skilled and they don't make mistakes and I've never had to pull anyone up for anything." Another commented, "The staff are funny they make me laugh. I was shy at first but once I got to know them I was fine. I get on well with my carer because we both like the same music."

People said they felt safe using the agency and trusted the carers. They also knew what to do if they had a complaint. One person told us, "If I wasn't happy about anything I'd ring my care co-coordinator and arrange to meet with her to discuss it." Another person commented, "My care co-ordinator is amazing. If there's a problem or issue she sorts it out straight away."

People told us they were pleased with the staff the agency supplied. One person said, "The staff are brilliant and very accommodating. They have become part of our family." Another person commented, "The agency does its best to give me regular carers and they are always nice and respectful."

People said they were regularly asked to comment on their care. One person said, "Medacs staff phone up or come and see us. They want to know if we're happy with the staff and that everything's alright." Another person commented, "We get an annual survey which you can fill in to rate the agency."

You can see our judgements on the front page of this report.

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### More information about the provider

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Please see our website [www.cqc.org.uk](http://www.cqc.org.uk) for more information, including our most recent judgements against the essential standards. You can contact us using the telephone

number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

## Our judgements for each standard inspected

### Care and welfare of people who use services

✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

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#### Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

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#### Reasons for our judgement

The people who used the service and their relatives told us the agency provided good care. One person said, "The service is fantastic. All the staff are skilled and they don't make mistakes and I've never had to pull anyone up for anything." Another commented, "The staff are funny they make me laugh. I was shy at first but once I got to know them I was fine. I get on well with my carer because we both like the same music."

People said the staff were quick to seek medical attention, if necessary, for the people they cared for. One person said, "The staff are very responsible. One of them was concerned about my (relative) and rang the doctor straight away then rang me to tell me."

People also told us the staff were usually on time and called if they were delayed, for example by traffic. One person said, "The staff are always punctual. We have their timesheets hanging up in our home so we can see who's here, when, and for how long." Another person said their carers were 'always on time'.

Prior to the inspection we received a concern that a carer hadn't turned up for a call and this had caused distress to the person waiting. We discussed this with the acting manager who said this incident had come about due to a rota being misread. She said that as a result of this incident staff have been asked to confirm their rotas by telephone to ensure there are no further misunderstandings.

We asked the acting manager what staff were supposed to do if they missed a call or were late. She said they were meant to call the office immediately so cover could be arranged. However this instruction was not in the staff handbook. The provider might like to note this, and to give consideration to including this information in future editions of the staff handbook.

We visited the agency's office to look at records. Care plans were agreed and signed by the person who used the service and/or their representative. They included a personal history to give staff an understanding of a person's background and their likes, dislikes,

and preferences. They also recorded key information about people to help the agency provide appropriate care, for example the number of carers needed to help a person move about their home, and whether they required a male or female carer.

Records showed that people's care needs were reviewed regularly and as often as necessary. One person told us reviews were multidisciplinary with everyone involved in providing care in attendance. They said, "Medacs organises them and I'm there plus the district nurses, Medacs staff, and people from the continuing care team. It gives us a chance to get our heads together and sort out the best way to do things."

**People should be protected from abuse and staff should respect their human rights**

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## **Our judgement**

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The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

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## **Reasons for our judgement**

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People told us they felt safe using the agency and trusted the carers. They also knew what to do if they had a complaint. One person said, "If I wasn't happy about anything I'd ring my care co-coordinator and arrange to meet with her to discuss it." Another person commented, "My care co-ordinator is amazing. If there's a problem or issue she sorts it out straight away."

The acting manager was responsible for concerns and complaints at a local level. She told us minor issues were logged as complaints and resolved within 24 hours with records kept. More serious issues were formally investigated by a nurse responsible for the agency's clinical governance. Records showed that CQC and the local authority was always informed if people's welfare may have been affected.

The agency had safeguarding policies and procedures in place to help protect the people who used the service from abuse, neglect and self-harm. Staff were made aware of these and had been trained in safeguarding to help ensure they understood their responsibilities. They were told to report any concerns to their manager or another senior member of staff who would then refer to the appropriate agencies. We talked to three staff members about safeguarding and all knew what to do if they had concerns about the welfare any of the people who used the service.

We discussed a recent safeguarding concern. Records showed the agency took appropriate action when they were made aware of this and worked with the local authority to resolve the issue. The acting manager said the allegation was not substantiated. Another safeguarding concern was in the process of being investigated and CQC will monitor the outcome of this.



**Staff should be properly trained and supervised, and have the chance to develop and improve their skills**

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## **Our judgement**

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The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard

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## **Reasons for our judgement**

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People told us they were pleased with the staff the agency supplied. One person said, "The staff are brilliant and very accommodating. They have become part of our family." Another person commented, "The agency does its best to give me regular carers and they are always nice and respectful."

Records showed staff had a comprehensive induction. This was classroom-based and aimed to give carers the basic skills they needed, including moving and handling, health and safety, infection control, first aid, medication, safeguarding, and communication skills. They then had a period of time 'shadowing' other carers and meeting the people they would be caring for. One carer told us, "After my induction I felt confident to go out and care but I started with 'double ups' so there was always another member of staff with me. I wasn't able to work on my own until I was assessed as competent by the training manager."

The induction was followed up with annual mandatory refresher training and client-specific training as required. We looked at the client-specific training carers had had. This included challenging behaviour and epilepsy, including the administration of epilepsy medication. Where appropriate outside trainers were used including Dale nurses (who specialise in end of life care) and district nurses (where they were also involved in the care of one of the person who used the service). One relative told us, "The Medacs team have worked very well with our district nurses and have had training from them when they needed it."

We talked to two carers about the training they received from Medacs. One told us, "We get a lot of training, if there's anything new we'll get training on it. We also get training for specific clients. I was assigned to work with someone with challenging behaviour so I was given training in that before I started." Another said, "Part of my training was meeting my client before I started work with them. I saw how their previous carer interacted with them and how successful that was. It helped to get me off to a good start."

Staff told us they were well-supported by their managers. One carer said, "If we need help or advice we can ring up and come in to the office to discuss it ? we work as a team." Another commented, "If I have any problems I can talk to my line manager. All the senior staff are really nice and supportive."

The senior staff we spoke with were knowledgeable about the Mental Capacity Act/Deprivation of Liberty Safeguards and understood its relevance in the field of care. However the agency did not provide specific training on this to carers, even though some were working with people with challenging behaviour who on occasions had to be restrained. The provider might like to note this and to give consideration to making the Mental Capacity Act/Deprivation of Liberty Safeguards a mandatory part of the agency's staff training programme.

## Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

### Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

### Reasons for our judgement

People told us they were regularly asked to comment on their care. One person said, "Medacs staff phone up or come and see us. They want to know if we're happy with the staff and that everything's alright." Another person commented, "We get an annual survey which you can fill in to rate the agency."

We looked at records to see how people's views and suggestions were received by the agency. Monthly monitoring checks were carried out to check the quality of the service provided. These showed people were satisfied with their care, had regular carers, knew who to go to if they had a problem, and thought their carers understood what was important to them. Where issues had arisen the agency had dealt with them promptly. For example, one person felt a care worker hadn't gelled with them so the agency replaced them.

Medacs also sent out an 'anonymous' survey annually to the people who used the service, their representatives, the staff who work for the agency, and stakeholders (others associated with the care package, for example social workers). The results of this were used to determine if any improvements were needed to Medacs and if so where to target resources. People who needed assistance in completing the document were directed to a helpline.

When we visited an acting manager was in charge of the agency temporarily while the registered manager was away. Staff told us they had confidence in the acting manager who was a registered nurse. One staff member said, "She is brilliant and her nursing experience really helps. We all work together really well." Another told us, "Everyone at Medacs gets and has a positive attitude. It's a great place to work." The agency's director of operations was also providing support while the registered manager was away. Staff said she was supportive. One commented, "She is fantastic you can go to her about anything."

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.


You can tell us about your experience of this provider on our website.


## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

 **Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

 **Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

 **Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

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**Minor impact** - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

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**Moderate impact** - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

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**Major impact** - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

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We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

### Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

### Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

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### **(Registered) Provider**

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There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.



## Contact us

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