

Medistaff24 Ltd

Medistaff24

Inspection report

64 Kings Road
Evesham
WR11 3BS

Tel: 01386765102

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

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

Medistaff24 Limited (also known as Medistaff24 Community Care Services) is a domiciliary care agency which is registered to provide personal care and support to younger adults, older adults, people living with dementia, a learning disability and autistic people living in their own homes. At the time of our inspection the service was supporting six older people who were receiving personal care. 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

Improvement was needed in staff recruitment to ensure staff were always recruited in a safe way.

The provider's quality checks had not always identified where improvements were needed in staff recruitment and employment records.

One person had experienced a missed care call and the provider was in the process of implementing a care call monitoring system at the time of this inspection.

People felt safely supported by the staff in their homes. Staff had been trained in protecting people from the risks of abuse and had risk management information to refer to. People were satisfied with the care and support they received. People felt well cared for and their preferences were respected.

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.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

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

Rating at last inspection

This service was registered with us on 16 May 2021 and this is the first inspection.

Why we inspected

This was a planned inspection of this newly registered service.

Enforcement

We identified a breach in relation to Fit and proper person's employed.

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

Follow up

We will request a further action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Medistaff24

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 was completed by 2 inspectors. One inspector visited the provider's office. The second inspector gained feedback through telephone conversations with people and their relatives about their experiences of the service. Email feedback and phone conversations took place to gain feedback from staff members.

Service and service type

This is a domiciliary care agency. It provides personal care to people living in their own homes.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was announced.

We gave short notice of our inspection on 26 October 2022 to the registered manager. This was to ensure they would be available to support the inspection. A video meeting took place with them on 28 October 2022. A visit was made to the provider's office on 1 November 2022. A further feedback video meeting took place with the registered manager 2 November 2022.

Inspection activity started on 16 October 2022 and ended on 2 November 2022.

What we did before the inspection

We reviewed the information we had received about the service since registration. We contacted the Local Authority and asked for feedback from them. The provider was asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We used technology such as video calls and telephone calls to enable us to engage with people using the service, their relatives and staff. We used electronic file sharing to enable us to review some documentation. During this time, we spoke with registered manager and gained feedback 5 care staff. We also spoke with 4 people and their relatives to gain their feedback on the service provided.

We reviewed a range of records. This included 4 care plans and 1 medication administering records, risk and health management records and daily notes. We reviewed 6 staff's employment records and staff training and competency assessments. We reviewed policies and procedures and quality monitoring records the registered manager used to assure themselves people received a safe service.

Is the service safe?

Our findings

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

At this inspection this key question has been rated Requires improvement. This meant people were not consistently safe and protected from avoidable harm.

Staffing and recruitment

- Improvements were needed to ensure staff were recruited in a safe way. We reviewed 6 staff employment records and found each file required improvement. Whilst a DBS (Disclosure and Barring Services criminal record checks) had been undertaken by the provider, these were not always dated close to the employment start date. For example, 1 was dated over a year before the staff member started working for the domiciliary care agency. The registered manager told us this was because the staff member had worked for their recruitment agency prior to them undertaking care calls. There were also gaps in other important information in all staff records.
- None of the staff employment records contained written references from the referee. The registered manager had recorded in the staff's file 'satisfactory phone reference' but there was no detail of any questions asked and these were not always listed as being from a previous employer. There was no explanation as to why staff had no written references.
- Staff employment records had gaps in information such as employment histories. There was no evidence that these gaps had been explored by the registered manager.
- Staff identity checks had been undertaken by the registered manager. However, where 1 staff employment record listed different home addresses, there was no evidence this had been addressed by the registered manager or that further documentation had been requested.

This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- Following our feedback to the registered manager about safe staff recruitment, they told us they would undertake a full audit and address the shortfalls in the information.
- There has been one missed care call. The registered manager told us this was due to a communication error. At the time of our inspection improvements were being made to care call monitoring with an electronic system being implemented so alerts to the registered manager would be triggered if staff were delayed in arriving at their scheduled care call.
- There were sufficient staff employed to undertake the agreed care calls. People and relatives told us that overall staff arrived at the agreed care call times and they had not experienced any significant delays.

Assessing risk, safety monitoring and management

- Risks of harm or injury to people had been identified and risk management plans were in place. For example, where people had an identified risk of falls, risk assessments gave guidance for staff to follow. This included ensuring the environment was clutter-free, that walking aids were used and people were supported to put on appropriate footwear.

- Staff spoken with knew people well and how to keep them safe. One staff member told us, "[Name] uses a walking frame and I make sure they have this close by." Another staff member told us, "The person I support gets very stiff legs and finds walking hard, so we go very slowly."

Using medicines safely

- Staff were trained in the safe handling of medicines. Where people were supported to take their prescribed medicines, they had medicine administration records (MAR) in place to give directions to staff. MARs showed people had received their medicines as prescribed.
- Protocols were in place for 'when required' medicines. This included pain relief medicine and records showed staff followed the instructions related to administering this medicine.
- Body maps were in place to guide staff where to apply people's prescribed topical preparations, such as creams.

Systems and processes to safeguard people from the risk of abuse

- People and relatives felt safe with staff in their homes giving care and support.
- Staff spoken with understood what constituted abuse and the actions to take if they had concerns. One staff member told us, "I would contact the manager straight away if I was concerned about abuse." Another staff member told us, "I would tell the manager. If I wasn't satisfied with them checking it, I would tell the CQC."
- The provider had safeguarding policies and staff were able to refer to these. The policy contained important contact information about reporting safeguarding concerns.

Preventing and controlling infection

- People and relatives were satisfied with actions taken by staff to reduce risks of infection. One relative told us, "Staff wear face masks and also have gloves and aprons to use when supporting with personal care." Some staff told us they no longer wore face masks in some people's homes where the person supported had expressed a preference for no face mask use. When this was the case a risk management plan was in place.
- There was a COVID-19 management plan in place to inform staff of their responsibilities.

Learning lessons when things go wrong

- The registered manager reviewed any accidents and incidents on an individual basis so risk management could be reviewed. However, there was no overall accident and incident analysis system in place. We discussed this with the registered manager, who assured us a system would be implemented so as there were no missed opportunities to reduce risks 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 this inspection this key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this, the information available to staff about people was effective.

Staff support: induction, training, skills and experience

- People were supported by trained staff. Staff completed an induction, which included shadowing shifts with experienced staff. Staff had also completed other online training topics. One staff member told us, "I have recently started with Medistaff24 and am working my way through my online training. I have completed the medication training because I support a person with that already."
- Staff had completed online moving and handling training but had not always received practical hoist training. The registered manager explained to us their own moving and handling trainer certificate had expired. They told us there had been a delay in renewing this due to the COVID-19 pandemic. The registered manager told us that whilst they waited for a date to renew their training, they guided staff in the use of moving and handling equipment and occupational therapist input was sought when needed.
- Staff skill competency assessment checks on staff took place. Staff told us they had regular opportunities to discuss their work and development with the registered manager.

Staff working with other agencies to provide consistent, effective, timely care

- The registered manager worked in collaboration with other agencies. For example, where a person's care and support required input from a social worker, communication and meetings took place.

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 MCA 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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff worked within the remit of the Mental Capacity Act and understood the importance of gaining consent from people related to supporting them with personal care, for example.

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

- Assessments of people's care and support were undertaken before people received their care from Medistaff24 Limited. These assessments reviewed how people wanted to receive their care, and whether people needed additional support to meet protected characteristics.

Supporting people to live healthier lives, access healthcare services and support

- People had access to general healthcare services when they needed it. Where concerns were identified by staff, relatives were made aware.

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

- Where staff were involved in preparing meals and snacks for people and supporting them to eat and drink, they knew the person's likes and dislikes. One staff member told us, "[Name] can be reluctant to eat, and forgets they need to eat, so I say, 'let's look in the fridge to see what we can have', I take an encouraging approach and this works with them."

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 this inspection this key question has been rated Good. This meant people were always 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; Supporting people to express their views and be involved in making decisions about their care

- People felt well cared for. Feedback from people and their relatives was positive. One relative told us, "Staff are absolutely excellent. I am very happy with them because they are kind, caring and sociable staff."
- Where people had expressed a gender preference of the staff supporting them, this was met. For example, one person's care plan stated they preferred female carers and they told us they had always had female staff.
- People and their relatives were involved in making decisions about their day to day care and support and planning their care. One relative told us, "The manager is hands-on as well, they know what's going on and the needs of people and ask for feedback and check all is going okay."
- Staff spoken with gave examples of how they engaged with people in making decisions about their day to day care and support. One staff member told us, "I always give [Name] choices. It involves them in their care. They do have dementia, so I give two choices so this is not too much and they can cope with the information."

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

- People and their relatives were encouraged to express their views and be involved in decisions about their care as far as possible. One relative told us, "The manager calls in and checks everything is okay and sends us feedback cards we can complete."

Respecting and promoting people's privacy, dignity and independence

- Staff promoted people's independence. Care plans gave guidance to staff in ways to promote independence in a personalised way. For example, 1 person's care plan said [Name] likes to help make their bed. People and relatives confirmed to us that staff were supportive in promoting independence.
- Staff understood the importance of respecting people's right to privacy and dignity. One staff member told us, "I always knock on the door before entering, I tell them I am here. I close doors and curtains when I wash people and cover them over."

Is the service responsive?

Our findings

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

At this inspection this key question has been rated Good. This meant people's needs were consistently met through good organisation and delivery.

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

- Care was personalised. People were supported by consistent staff who knew them well and how to provide care and support to them in a way they wished. For example, 1 relative told us, "The staff have a good rapport with my relative. I hear them chatting and having a laugh."
- Staff knew people they supported well. One staff member told us, "The people I support are lovely. I know what they like and how to help them." Another staff member told us, "I approach people in a kind and gentle manner. I talk to them respectfully and never ignore any requests they may have. Listening to how their day was and showing genuine interest in how they are doing is important in making people feel valued. Being empathetic with their situation is an effective gesture of kindness and allows people to express how they are feeling."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Staff knew how to effectively communicate with people. One staff member told us, "One person I support has a low-level bed and I kneel down so we have good eye contact rather than me standing over them to talk. I give [Name] time to talk and I listen."
- People's plans of care contained information about how people communicated. For example, one person's care plan informed staff how the person communicated pain so 'when required' medicine could be given.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Additional support hours, including companionship, could be purchased if people or relatives wished to do so. One staff member told us, "I support one person to go outside for a walk, they enjoy activities."
- Staff knew people well and what they liked to do.

Improving care quality in response to complaints or concerns

- People and relatives could access the provider's complaints policy if needed. People's and their relative's feedback to us was positive and no one had any current complaint about the service received.

End of life care and support

- At the time of our inspection visit no-one was receiving end of life care. However, the registered manager told us they would work with community healthcare professionals if needed to support a person in their home.

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 this inspection this key question had been rated Requires Improvement. This meant aspects of the service related to staff recruitment were not consistently well-managed. Leaders and the culture they created did promote high-quality, person-centred care.

Managers being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Effective and robust checks of staff employment records had failed to identify the issues we found. For example, gaps staff's employment histories had not been identified as an area needing to be addressed. One staff member's identity documents had different addresses, but this had not been identified by the registered manager as a reason to request further documents.
- Improvement was needed to the provider's recruitment policy. Whilst the policy referred to 'satisfactory references' being obtained, there was no detail given as to who these should be sought from or the format for gaining references. The policy did not refer to gaining a full employment history from applicants. This lack of detail in guidance within the recruitment policy meant there were risks in important information not always being gathered. The lack of detail in the recruitment policy also led to the registered manager's checks on staff files not being robust and therefore risks related to staff's suitability for work were not fully explored by the registered manager.
- Overall, systems and processes were in place to assess and monitor the safety and quality of the service. For example, people and relatives spoken with felt communication was good. One relative told us, "A strength is the manager and their communication. They ask us for feedback, make checks that everything is going well and when we had one missed care call due to a staff error, they were onto it right away."
- Care plans were reviewed and updated in a timely way to ensure staff had the information they needed to provide safe care. However, where people's relatives supported them to take prescribed medication, this was not always clearly documented. We discussed this with the registered manager who took immediate action to add this detail.
- Staff felt supported by the registered manager. One staff member told us, "I am quite new, and I have phoned the manager a few times to just check things. They have always called me straight back and helped me." Another staff member told us, "This is my first care work job and I did an induction of three weeks until my manager and myself were satisfied that I provide safe care for people. I have had regular spot checks to check the quality of care I'm delivering."

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 was aware of their legal responsibilities under the duty of candour. They were able to tell us when statutory notifications should be sent to us as required telling us about specific incidents.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff spoken with were positive about the working for the service and about registered manager. One staff member told us, "The communication from Medistaff24 is clear and I feel included in the team. They have always made me feel like a valuable member of the team. Communication between staff is always prompt and clear. I have spot checks and supervisions which give me feedback on my performance."

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

- The provider's policies embedded protected equality characteristics, such as people living with disabilities. Staff could refer to these policies when needed.
- The provider gave opportunities for people and their relatives to share feedback on the service. Feedback cards had recorded positive feedback.

Continuous learning and improving care; Working in partnership with others

- The registered manager was keen to learn and make improvements to the services provided. Staff told us they had regular meetings when they discussed what improvements might be needed. For example, 1 staff member told us, "We discussed that the traffic can cause delays in travelling to care calls, so the manager makes sure the people we support are within our own local areas. This means people do not get late care calls."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider had not always taken steps to ensure fit and proper persons were employed.