Care Quality Commission

Medstar Domiciliary Care Services Limited

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Inspection report

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Date of inspection visit:
17 May 2017

Date of publication:
12 June 2017

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 17 May 2017. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to ensure that the registered manager would be present to provide the information and documents necessary for the inspection.

During the last inspection on 18 January 2016 we found the service was in breach of two legal requirements and regulations associated with the Health and Social Care Act 2008. We found that there were no medicines audits in place across the service, care staff did not have one to one supervision sessions and annual appraisals were not sufficient to support staff to carry out duties they were employed to perform.

Medstar Domiciliary Care service provides care and support for 11 people. Medstar works with people living with dementia, learning disabilities, people with autistic spectrum disorder, and people with sensory and physical impairment.

People and relatives told us they felt safe. Procedures and policies relating to safeguarding people from harm were in place and accessible to staff. All staff had completed training in safeguarding adults and demonstrated an understanding of types of abuse to look out for and how to raise safeguarding concerns.

Detailed and current risk assessments were in place for people using the service. Risk assessments were reviewed and updated regularly. Risk assessments explained the signs to look for when assessing the situation and the least restrictive ways of mitigating the risk based on the individual needs of the person whilst supporting them to be independent.

Medicines were now managed safely and effectively and there were regular medication audits in place. Staff had completed medication training and the service had a clear medication policy in place which was accessible to staff.

Staff were now receiving regular documented supervisions and an annual appraisal. We saw evidence of a comprehensive staff induction and on-going training programme. Staff were also safely recruited with necessary pre-employment checks carried out.

We received positive feedback from people and relatives regarding the caring and supportive nature of staff.

Care plans were person centred and reflected what was important to the person. Care needs were regularly reviewed and updated to meet the changing needs of people who used the service.

We saw evidence of a comprehensive and on-going training programme.

All staff had received training on the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (DoLS) and staff understood what to do if they had concerns with regards to people's mental capacity.

People were supported to maintain good health and had access to healthcare services.

The service regularly requested feedback from people who used the service.

People were encouraged and supported to access the community and engage in activities of their choice.

The management team enabled an open culture that encouraged staff to discuss issues and areas for improvement.

The provider had a quality monitoring system to ensure standards of service were maintained and improved.

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 now safe. Medicines were safely managed.

Procedures were in place to protect people from abuse.

Risks to people who used the service were identified and managed appropriately.

There were sufficient staff available to ensure that people's needs were met.

Is the service effective?

Good

The service was now effective. The service was now carrying out supervisions and appraisals, with staff, on a regular basis. Staff had access to regular training to carry out their role.

People were given the assistance they required to access healthcare services and maintain good health.

Mental capacity and Deprivation of Liberty safeguards were understood and principles of the code of practice were being followed.

Is the service caring?

Good

The service was caring. We received positive feedback from people and relatives regarding the caring and kind nature of staff.

People were treated with dignity and respect.

People were supported to develop and maintain independence.

Is the service responsive?

Good

The service was now responsive. Care plans were person centred and reviewed regularly with the involvement of people and relatives.

People were supported to engage in a variety of activities.

The service had a complaints procedure in place and requested feedback from people, relatives and professionals.

Is the service well-led?

Good

The service was now well led. The quality of the service was monitored.

Relatives and staff spoke positively about management and how they were supported.

The service had a positive open culture which continuously strived to improve.

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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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 17 May 2017. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to ensure that the registered manager would be present. The inspection was carried out by one inspector. The inspector was supported by an expert by experience who obtained telephone feedback from relatives.

Before the inspection we reviewed relevant information that we had about the provider which included the provider information return pack (PIR). A PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke to one person who used the service and eight relatives. We also spoke with four support staff, two area managers, a contracts manager and the registered manager.

We spent some time looking at documents and records that related to people's care and the management of the home. We looked at five people's care plans and risk assessments.

We reviewed five staff files. We looked at other documents held at the home such as medicines and quality assurance records.

Good

Is the service safe?

Our findings

At our last inspection of the service on 18 January 2016, we found that the provider was in breach of Regulation 12 of the Health and Social Care Act 2008 relating to medicines management as the provider did not ensure medicines audits were documented on a regular basis. At this inspection, we found that the provider had addressed this issue.

We received positive feedback from relatives regarding how their loved ones were supported with medicines. A relative told us, "The carer gives the medication at the appropriate time. Very happy with it. They are working very close with the family and making everything fit his timetable and not to upset him." A second relative told us, "They do give [medicines] to him. I have never seen them do anything wrong. They are very good at it."

Medicines Administration Records (MARs) were returned to the office on a monthly basis and audited by an area manager. We noted that the medicines audit process in place at the time of the inspection did not include a medicines stock count to ensure accurate stock levels. We fed this back to the registered manager who sent an amended medicines audit checklist following the inspection.

We looked at MAR's for five people and saw that with the exception of one, all MAR's were appropriately completed with no gaps or errors in recording. Where we found one MAR with gaps, the area manager told us that the person's relative sometimes administered medicines. The registered manager told us that moving forward, they would use a code on the MAR to specify when a relative administered medicines.

Where staff administered medicines via a feeding tube, detailed instructions was provided to staff on how to safely administer medicines via this route. Staff had also received training in supporting people with a PEG feeding regime.
Records confirmed that all staff had received recent medicines training, however staff competency in administering medicines had not been assessed to ensure training was embedded and staff were safely administering medicines. The registered manager told us that moving forward they would commence staff competency checks.

The person we spoke with told us they felt safe with staff from Medstar. The person told us, "Yes, I'm happy." All relatives we spoke with were confident that their loved ones were safe with staff from Medstar. Comments from relatives included, "Yes he's in very good hands. They have been with him for a long time. They know him as much as us his parents. They have gotten to know him really well. I am really happy with the carers" and "Yes I really do. They all seem to understand what is happening and how best to help him."

Staff understood how to keep people safe and their responsibilities for reporting accidents, incidents or concerns. Staff had received training in safeguarding people. They were able to describe the types of abuse to look out for and the steps they would take if they had concerns. Staff identified that they could report abuse and concerns outside of the organisation to the local safeguarding authority and the Care Quality Commission (CQC). A member of staff told us, "So that vulnerable clients can be protected. Could be

neglect, deprived of healthcare and personal care. I'd let my line manager know first." Staff understood what whistle-blowing meant and who they could report concerns to. A staff member told us, "Something going on. I would tell my line manager. If nothing done, I would call CQC."

Potential risks to people's health and wellbeing had been assessed and each person had personalised risk assessments in place. These identified the potential hazards people could be exposed to, the triggers to the risk and strategies staff should use to ensure the person remained safe. Risk assessments had been reviewed regularly with people and their relatives. Individual risks to people identified included specific health conditions, road safety, absconding, behaviour that challenged, moving and handling, PEG feeding and risks associated with personal care. Guidance had been provided to staff on how to keep people safe whilst ensuring their independence was maintained and promoted. Risk assessments detailed a proactive strategy staff were to take when working with the person's risks. For example one person's care plan stated that the carer should be calm and upbeat as the person reacted positively to positivity and not to travel in large groups as this made the person agitated.

People were supported by sufficient numbers of staff with the right skills and knowledge to meet their individual needs and promote person centred care. A person told us, "[There is] always staff." Relatives told us that they had a small team of regular carers. One relative told us, "We have the same [staff] visiting. If they are on holiday or off sick the relief is also someone who has met us before. It is the only way that will work for him."

Safe recruitment practices were followed before new staff were employed to work with people. Staff files included application forms, records of interview and appropriate references. Records showed that checks had been made with the Disclosure and Barring Service (criminal records check) to make sure people were suitable to work with vulnerable adults. Records confirmed that staff members were entitled to work in the UK.

Staff were aware of the reporting procedures for any accidents or incidents that occurred. Staff reported incidents and these were acted on promptly. Records showed appropriate action had been taken when accidents or incidents had occurred and where necessary reduce the risk of a similar incident occurring in the future.

Good

Is the service effective?

Our findings

At our last inspection of the service on 18 January 2016, we found that the provider was in breach of Regulation 18 of the Health and Social Care Act 2008 relating to staff supervisions and appraisals. At this inspection, we found that the provider had addressed this issue.

Regular documented individual supervisions and appraisals were completed for all staff. The registered manager told us that individual supervisions took place on a quarterly basis with staff and a system was in place to monitor when staff supervisions were due. Records confirmed that topics discussed in supervision sessions included workload, staff performance, people the staff member worked with and development and learning needs. Agreed actions were recorded and followed up at the next supervision. A staff member told us, "I have a supervision quarterly and they give an appraisal once a year." Records confirmed that where necessary, staff received an annual appraisal which documented their job role, achievements and learning and development. One staff member's appraisal documented that they wanted to work with more people so they could gain more experience.

We received positive feedback from relatives regarding staff and how they were skilled to meet their relative's needs. Comments from relatives included, "I am very happy with them, they are taking care of him like I would care for him. They stay one step ahead of him. They find out what he needs and how best to help him" and "Definitely they know exactly how to look after him, how to help him when he is upset. They are very well trained."

Training records showed that people had completed training in areas that helped them to meet people's needs. Mandatory training for all staff included moving and handling, medicines, safeguarding, health and safety, Mental Capacity Act (MCA), Deprivation of Liberty Safeguards (DoLS) and equality and diversity. Staff received additional training in specific areas such as epilepsy, dementia, autism and PEG feeding to enable them to cater for people's individual care needs. A staff member told us, "I have had challenging behaviour training, rectal diazepam training, moving and handling and safeguarding training." A second staff member told us, "The best thing is the regular training. We have to refresh. It gives us confidence to deliver care."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack mental capacity to do so for themselves. The Act requires as far as possible people make their own decisions and are helped to do 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. We checked whether the service was working within the principles of the MCA. Where the provider had identified that people were potentially deprived of their liberty whilst receiving care, they had made applications to the Court of Protection for authorisation.

The registered manager and staff had a clear understanding of the MCA and had attended training. Relatives told us that staff obtained consent before providing care. A relative told us, "They are very good with my son. They don't force him to do anything. They try their best to communicate with him. I don't have the feeling they try and force him to do anything."

Where necessary, people were supported with meal preparation which was detailed in their care plans. People's likes, dislikes and meal preferences were noted. Allergies were noted on people's care records. One person's care plan detailed how they liked to be served their meals and how they made their food choices. A relative told us, "If he wants Greek food they will make it or if I ask them to cook something else they will do that."

Where necessary people were supported to access health and social care services. Records confirmed people had access to a GP and other healthcare professionals. Staff were available to support people to access healthcare appointments if needed and liaised with health and social care professionals. A relative told us, "Yes they go with him to the doctors and dentist. I can't take him alone and I am happy with this." A second relative told us, "Once when I was on holiday they phoned our GP and took him. But I normally take him all the time and the staff just support me."

Good

Is the service caring?

Our findings

People and relatives were complimentary about the caring and friendly nature of staff who provided care. One person told us, "[Staff] are friendly and caring." Comments from relatives included, "Yes they are very good. They give him choices like if he wants to go to the cinema or wants to go to the park and they take into account what his preferences are", "Yes they are. They care about everything. They care about his quality of life. They put music on the TV as it relaxes him", "Very much so. They take the good care of all us, including the family. They help us as much as they can" and "I really do feel like they care and want the best for us."

During our conversations with staff, they demonstrated they cared for the people they supported and aimed to deliver person centred care. One staff member told us, "The best thing is the positive impact. It makes you understand that you can't change a person. You work with them and understand them. I'm here to fit into their circle." A second staff member told us, "I talk to them a lot to get to know them and to help them with their needs. We talk through what's going to happen today. I read their background and their care plan."

Relatives told us that staff respected their loved ones privacy and dignity. A relative told us, "At home he is not on his own and he is well protected. From what I know they have never shared any information about him to anyone else. I'm really happy about this." A staff member told us, "I knock on their door. If bathing, I make sure all is prepared beforehand. I shut the door and run the bath, have the towel and make sure the person is dressed." Relatives told us that they had been consulted about the gender of their relatives care staff and their wishes were respected. A relative told us, "Yes we are able to pick. He has both and we are quite happy with that. He is happy too and they give him good support." A second relative told us, "Yes we did have a choice and he was able to pick the ones he wanted."

The provider had an equality and diversity policy in place and staff had received training in equality and diversity. Staff we spoke to understood what equality and diversity meant and how that affected the care they provided for people who used the service. When asked about supporting people who identified as lesbian, gay, transgender or bisexual (LGBT), a member of staff told us that they were working with supporting a person who identified as LGBT and working with them and their family.

Good

Is the service responsive?

Our findings

Care plans were person centred, reviewed regularly and updated as changes occurred. A client profile had been created for every person which detailed their personal history, health information, behavioural information, communication, food preferences, health and safety, personal relationships and peer interaction. In addition, a care plan had been developed for the person which detailed their hours of care and staffing requirements. The care plan also gave a detailed overview of the persons needs in areas including, physical health, personal care, education, communication, safety and activities.

The provider had implemented an intimate care plan for each person who used the service. The intimate care plan set out people's care needs and preferences when being supported with personal care in areas such as shaving, skincare and hair care, continence care and menstrual care, if applicable. One person's care plan stated that they enjoyed the trip to the barbers with their support worker. Another person's intimate care plan stated that they liked spray on deodorant and liked using an electric toothbrush."

Relatives told us they were consulted about their relatives care plan and involved in care plan reviews, which was evident on review of people's care records. Care plans and reviews were signed by the person or their relative to indicate their agreement. A relative told us, "Yes, every two or three months. Sometimes it is quick as we have no problems other time it takes longer if we have problems. This company is very approachable. I don't feel that they are not giving us a good service." A second relative told us, "Yes, we regularly sit down and talk about it."

One relative told us about the positive impact the care their relative received had on their life. They told us, "They know him and they can't change anything from his routine, he wants everything in place or he will get upset. They have to follow what they are supposed to do. Since we have been here he has been much calmer. He used to have challenging behaviour and now we can see a good young man. He has his own place and not too many people coming round. He is thriving with them."

People were supported to engage in a range of activities which reflected their goals and interests. People's care records contained an activities timetable which detailed external activities such as day centres and also how people liked to spend their time when at home. Daily records completed by staff also detailed people's activities and how engaging in activities would help them achieve goals and develop independence. A person's activity record stated that they could participate in housework in small ways by stirring when cooking and helping with laundry. Another person's activity plan stated that it was important that the person accessed the community at least once a day.

The service worked with people to promote and encourage independence. We saw that the service had worked with one person to travel on a bus for the first time in over 10 years. The event was photographed and the registered manager and staff told us of their pride at being able to help the person overcome a significant fear. The registered manager told us that they regularly travel by bus with the person to maintain their progress and ensured they remained independent.

Where people could not regularly access the community, the service had created an activities timetable based on the person's likes and preferences such as favourite music, books, television shows, movie nights, arts and crafts and favourite computer games. One person's activity plan stated that they enjoyed being read to and looking at the pictures and liked listening to music.

People and relatives told us they had no complaints. Relatives told us they knew how to complain and were confident the service would respond. A relative told us, "Up to now we have never had to make a complaint against the company or the carers. We are very happy and think he is in safe hands." A second relative told us, "I would ring the office. There is always someone there that will help me." The service had a policy and procedure in place for dealing with any concerns or complaints. The service had received one complaint since the last inspection which was recorded, followed up and resolved.

We looked at the services compliments book and saw compliments from relatives. Compliments received from relatives read, 'Thank you for being brilliant' and 'Very happy because every day we get two carers.' There were arrangements in place for people, relatives and healthcare professionals to provide feedback. Feedback forms were sent to people and relatives on a quarterly basis. We saw that feedback received was all positive and the registered manager told us that any concerns raised would be investigated and improvements made.

Good

Is the service well-led?

Our findings

We received positive feedback from relatives about how the service was managed. A relative told us, "I think comparing to the other companies I have had it is the best company we have had so far. They are very approachable and they are happy to help. They are always available on the phone and they do care about the problems and try and fix them. [Registered manager] was the only one that met him beforehand and gained his trust and they spoke to us about what she found. I think this is what makes this care company so good and it is not just about the money." Other comments from relatives included, "Very good, very helpful. Always willing to listen and help whenever they can" and "I think the whole service is amazing and can't really complain."

Quality assurance systems were in place to monitor the quality of service being delivered. Regular unannounced inspection visits to people living in supported living schemes were carried out by an external quality monitoring provider. The inspections checked staffing levels, record keeping, food and nutrition, medicines and the maintenance and cleanliness of the setting. The findings of the inspection were communicated to the registered manager and areas for improvement were actioned promptly.

Quarterly unannounced spot checks of staff were carried out by the registered manager and care managers to check on quality of care provision. Checks were completed of the person's environment, whether staff were engaging with the person who used the service, whether the person's views were taken into consideration, staff awareness of MCA and whether the person's dignity and privacy was maintained. During the spot checks, people and relatives were also given the opportunity to give feedback which was recorded.

The quality assurance measures in place at the service fed into a service improvement plan which had been completed in February 2017. Identified areas for improvement included the additional oversight of quality audits completed by care managers and by the registered manager, introduction of electronic care planning and recording and introduction of end of life training for staff.

Staff meetings took place on a regular basis. Meetings took place in the office and there were designated team meetings for the care team looking after a particular person. We saw that the person and their family were involved in the designated meetings for the person. Minutes of meetings detailed that topics such as people's care needs, teamwork, safeguarding, food and menus were discussed. Staff told us that the meetings were an open and positive experience and they could raise concerns and make suggestions. One staff member told us, "I do definitely raise any issues or concerns. We interact and we put our heads together to see how we can improve things."

In the months following the last inspection, a key member of the management team unfortunately passed away. The registered manager and staff told us that their passing had a significant impact on the management of the service which meant that the registered manager, care managers and the contracts manager took on additional responsibilities to ensure the quality of care people received remained consistent. We found that despite the unfortunate events, the registered manager and staff team were committed and focused on ensuring people received person centred care and the service continually strived

to improve.

Throughout the inspection we gave feedback to the registered manager and clarification was sought where necessary, for example in relation to the robustness of medicines audits currently in place and assessing competency of staff administering medicines. The registered manager and care managers demonstrated a willingness to learn and reflect in order to improve the service people received as a result.