

Medukcare Recruitment Limited

Medukcare

Inspection report

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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?

Good ●

Summary of findings

Overall summary

About the service

Medukcare Recruitment Limited is a domiciliary care provider, providing live-in personal care to people living in their own homes, including those living with dementia, neurological conditions or autistic spectrum disorder. 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. At the time of our inspection there were three people using the service.

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

People told us they felt safe. There were safeguarding adults procedures in place to guide staff. The registered manager and staff had a clear understanding of these procedures. There were appropriate recruitment checks before staff started work and there were enough staff available to meet people's care needs.

The provider and staff were following government guidance in relation to infection prevention and control. Staff had received training on COVID-19 and the use of personal protective equipment. The service had business continuity, Coronavirus contingency management and staffing shortage contingency plans in place that made provisions for safe care in the event of an emergency, or an outbreak of COVID-19.

The provider carried out an assessment of people's care needs before they started using the service to ensure staff could support them safely. Staff had received training relevant to people's care needs. 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; the policies and systems in the service supported this practice.

People and their relatives told us they were treated in a caring and respectful manner and they had been consulted about their care and support needs. No complaints were made to the service but people we spoke with knew how to make a complaint if they were unhappy with the service.

There were effective systems in place to regularly assess and monitor the quality of the service people received. Staff said they received good support from the registered manager. The registered manager took people and their relatives views into account by having regular contact with them.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support,

right care, right culture. People who used the service could live as full a life as possible and achieve the best possible outcomes. People using the service received planned and co-ordinated person centred support that was appropriate and inclusive for them. Staff understood how to communicate with people effectively to ascertain and respect their wishes. People were supported with dignity and empowered to maintain important relationships, to access their local community and supported to prevent becoming socially isolated.

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 not rated at the last inspection (published 23 November 2018) due to insufficient evidence at that time.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Medukcare Recruitment Limited on our website at www.cqc.org.uk.

Why we inspected

We carried out a comprehensive inspection of the service on 23 November 2018. However, there was insufficient evidence to give a rating at that time. This was a planned comprehensive inspection to enable us to provide an overall rating for the service.

Follow up

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, 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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Medukcare

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

This inspection was carried out by 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.

Notice of inspection

We gave a short period notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 24 November and ended on 29 November 2021. We visited the office location on 24 November.

What we did before the inspection

We reviewed information we had received about the service since it was registered. We monitored information received about the service and used all of this information to plan our inspection. 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 the registered manager. We reviewed a range of records. This included three 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 provider to validate evidence found. We reviewed documentation including training data and quality assurance records. We spoke with one person who received care and support from MedUKcare, two family members and two care workers.

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 unrated. At this inspection this key question has been rated good.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse. One person told us, "[Member of staff] makes me feel safe and is very much a part of my life." One family member said, "I am totally sure that [relative] is absolutely safe," and another said, "Based on [relative's] own behaviours I know they are safe; we can visit at any time of the day and things are as they should be."
- Staff had received training on safeguarding adults. Those we spoke with told us they would report any suspicions of abuse to the registered manager who would then make a referral to the local authority safeguarding team. One staff member told us, "It is all about making sure risks are managed; ensuring other carers are protective of service user's needs."
- There were no safeguarding concerns since the service was registered. However, the registered manager understood their responsibilities in relation to safeguarding and told us they would report any concerns immediately to the local authority and CQC.

Assessing risk, safety monitoring and management

- Risks to people had been assessed to ensure their needs were safely met. Assessments included risks specific to people's healthcare needs, sleep and medicines. For example, one risk assessment outlined signs and symptoms to be aware of with a suspected urinary infection and another identified ways in which to encourage a person to eat.
- People were supported to stay safe and free from harm. A family member said care workers were, "Always on alert" to potential causes of harm to their relative.
- A member of staff told us, "It is being aware of what the potential risks are. These are all recorded and held in a folder, as well as on our electronic handheld device. It's so important we get this right."

Staffing and recruitment;

- There were enough staff available to meet people's care and support needs. One person told us, "Since the carers are live in, I have never experienced any unreliability of turning up late or not at all." A family member told us, "There is always someone in the background should additional support be required, [registered manager] is always able to manage this."
- The registered manager told us they recruited a support team around each new service user which gave stability and consistency to them.
- Robust recruitment procedures were in place. Staff recruitment records included completed application forms, the applicant's full employment history, employment references, evidence that a criminal record check had been carried out, health declarations and proof of identification.

Using medicines safely; Preventing and controlling infection

- Medicines were managed safely by staff who had received training and had their competency assessed. At the time of inspection, people who received care either managed their own medicines with minimal prompting or did not have any prescribed medicines.
- On person told us, "Staff anticipate my needs with regards to my medicines, they need to remind me to take it, because I am very forgetful."
- The registered manager took appropriate measures to prevent people and staff catching and spreading infections. The infection prevention and control policy was up to date, and we confirmed there was sufficient personal protective equipment (PPE) to meet the needs of the service.
- Staff had received training in infection control and the safe use of PPE. Current COVID-19 guidance around risk assessments, PPE usage and staff testing were being adhered to. One care worker told us, "I wear mask, gloves and apron when in close contact with [service user], that way I know I am keeping them safe."

Learning lessons when things go wrong

- The registered manager told us how "There is always opportunity to learn." Their business continuity plan included the protocol to be followed in the event of an incident.
- They shared with us two recent matters which resulted in how they organised the changeover of staff, to take into account train delays, especially at weekends. For another incident, a medicines checklist was introduced for staff to complete when handing over to the next live-in carer. This acted as a prompt to ensure that the service user had reordered their medicines.
- A member of staff told us, "We have no problem about discussing what could have been improved upon with [registered manager]. They always tell us to learn from what we do and mistakes are a learning opportunity."

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 unrated. At this inspection this key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The registered manager carried out assessments of people's care needs to consider if the service could support them safely. These assessments covered all aspects of their care and support needs and were used to draw-up care plans and risk assessments.
- People and their relatives had contributed to these assessments to ensure the person's individual needs were considered and addressed. One family member described how the first assessment visit was when they met the registered manager and support team, "And from that point, it was evident that they understood [relative's] needs."
- We saw that people's care plans and risk assessments were kept under regular review, in consultation with the person or their family member.
- Care was provided in line with relevant national guidance. The manager kept up to date with developments in legislation and best practice. Any changes that affected the way in which care was provided were shared with staff. This was of particular relevance during the COVID-19 pandemic.

Staff support: induction, training, skills and experience

- Staff received support, training and supervision to carry out their roles safely and effectively. Supervision had been completed in line with the provider's policy. The provider maintained a log of training, supervision and refresher due dates and all staff training was in-date.
- One family member told us, "My experience is that they are all totally competent and well trained staff."
- One member of staff wrote, "The training was very important and helped me a lot and I feel very comfortable in my role." Another told us, "I just love the training, I am always very keen to learn and achieve, [registered manager] is very encouraging of this."
- The registered manager told us, "I strongly believe in investing in staff training; for the good care of the service users as well as for their own personal development."
- We saw that the provider worked in partnership with a training company to provide specialist training to meet the specialist needs of service users. This included care for people with neurological conditions, as well as for those who were neuro-diverse.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People received support in line with their assessed needs, this included supporting their nutritional needs. A family member told us how staff encouraged their relative to maintain a healthy lifestyle, which included cooking from a menu drawn up with the person, as well as scheduling in their daily physiotherapy

programme.

- People received support to maintain good health. Those whom we spoke with said they knew carers would summon help if they needed it and would help to refer them to health care professionals.
- One family member told us, "They all believe in delivering good care and this includes being proactive about asking the GP to make a referral to a speech and language therapist and specialist dentist."
- The provider worked in partnership with health care professionals. For example, they engaged with community nursing, occupational therapists and speech and language therapists to support a person at the end of their life.

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. 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.

- The registered manager told us some people they supported required assistance to make decisions about their own care and treatment. Where people lacked capacity to make specific decisions, staff worked with the person and their relatives to ensure appropriate capacity assessments were undertaken and decisions were made in the persons 'best interests' in line with the Mental Capacity Act 2005.
- One person told us, "Whilst I can make all of my own decisions, staff are always checking with me about whether they can do this or that."
- Staff had received training in the MCA and knew how the legislation applied to their roles and said, "I would never do anything without first checking with [service user], no matter how seemingly small it might be."

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 unrated. At this inspection this key question has been rated 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; Respecting and promoting people's privacy, dignity and independence

- People were treated with respect by staff who knew them well. One person told us they were well treated and felt supported and said, "They are just so caring."
- Staff were knowledgeable about how to maintain privacy and dignity when providing care. A family member told us, "Under the circumstances, it wasn't easy to manage [relative's] dignity, but [member of staff] managed this beautifully, which was vital to me."
- Another family member told us, "[Relative] is comfortable and relaxed. Their support workers interact and listen to their needs, always respecting their wishes."
- A member of staff told us, "Doing my job well is my way of showing respect to [service user]." They also told us, "I believe I help to develop [service user's] independence by making sure they have choices; I act as a guide [service user] to increase their independence."

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

- People and relatives were complimentary about how well the service communicated with them and involved them in discussions about care and support. One person told us, "[Registered manager] checks in with me at least once a month to see if things are going well or whether any changes need to be made."
- A family member said that whilst their relative could not fully express their views, their body language indicated when they were unhappy, "We have seen a huge reduction in this since [member of staff] began to support them so we know they feel part of discussions about their care."
- Care workers told us they understood the importance of enabling people to express their views. One told us, "It is important that trust is within the relationship so that [service user] can be who they are with me."

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 unrated. At this inspection this key question has been rated 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

- People's needs, choices and preferences were explored at the initial assessment to make sure their package of care was tailored to their wishes and needs.
- The registered manager told us their initial assessment was done by spending many hours observing the person in their own home, "This gives me a good insight into their needs as otherwise, things may be missed; it also helps me to formulate an appropriate match with a small team of carers."
- The service completed regular care reviews, to ensure support provided still met people's needs. The service was quick to respond to changing needs, including amending care packages to better suit people. One person said, "[Registered manager] will always tweak my support needs and make sure I always have support; it would be troublesome for me not to have support."
- A relative told us, "[Registered manager] was always there to talk through any changing needs; they pre-empted any changing needs and were on top of that."
- Staff had a good knowledge of the needs and preferences of the people they supported. One said, "[Service user's] care needs are written up in their care plan and this gives me information about how to get the best out of our relationship. I know what to be sensitive to, attention to detail is so important."

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.

- People's communication needs were assessed in line with the AIS and recorded in their care plans. We were told that staff were working alongside family members to develop a communication passport to be better able to communicate with a service user new to the service.
- Documentation was available in accessible formats for people who required this which included large print. The registered manager told us they devised a picture book to facilitate better communication with a person who lived with dementia.

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

- People told us they enjoyed the company of care staff. One person told us, "[Staff member] is very good company, but also recognises when I don't want to engage." A family member said, "[Relative] is really happy, really relaxed; their normal activities and schedules are maintained by [member of staff]."
- Another told us how their relative was supported to sample different activities saying, "We work together

as a full circle of support led by [registered manager] to enrich [relative's] experiences."

- Care staff understood people's interests and took time to support them to engage with them. A member of staff told us they supported a person to access as many activities as possible according to the person's wishes and how they liked to, "Fill their time with good things."

Improving care quality in response to complaints or concerns; End of life care and support

- There was a complaints policy and procedure in place. The provider had not received any complaints since the service was established.
- People we spoke with told us they knew how to make a formal complaint but said they had not needed to. One family member told us, "I have no need to complain, [registered manager] is always in touch so I can discuss any issues then."
- At the time of the inspection, the service was not supporting anyone at the end of their life. However, the registered manager described how they supported a family member to plan their relative's end of life care plan, with reference to their specific religious needs.

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 unrated. At this inspection this key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager had a good understanding of their responsibilities towards the people they supported and demonstrated a commitment to delivering person-centred care. They were committed to ensuring people received a service personalised to their needs.
- The views of people and their family members were sought on how the service was run in a variety of ways, including regular visits and telephone calls. One person who used the service told us, "I have excellent communication with [registered manager], we are always on the same wavelength."
- People who used the service felt included and knew they could rely on the care staff and registered manager to act in their best interest.
- Staff we spoke with told us they were proud to work for the provider. For example, one staff member said, "[Registered manager] has a vision and always seems to understand service user's potential. They really want to make sure that staff understand what is expected of their role too."

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

- The registered manager understood their role and responsibilities to ensure good care. They demonstrated a good knowledge of people's needs and the needs of the staffing team. One person told us, "My relationship [with the provider] is all to do with my expectation of receiving a good service and that is what [registered manager] expects to deliver."
- There were quality assurance processes in place that ensured continued oversight of people's care and the service. This included regular managerial reviews of staff documentation and training.
- Staff told us management support was always available to them, including out of hours. One staff member told us, "[Registered manager] is so experienced and so supportive, they are always available."

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; Continuous learning and improving care; Working in partnership with others

- The provider understood their responsibilities under duty of candour although they had not had occasion to exercise it.
- The provider understood their responsibilities around notifying the CQC and had submitted all the required notifications.

- The registered manager worked effectively with other organisations to ensure staff followed best practice in order to promote positive outcomes for people. We saw evidence that they worked with an external training company to ensure they understood how best to support a person's complex needs. They made contact with healthcare professionals when necessary, and they told us they welcomed these professional's views on the service delivery.
- The registered manager told us they attended a monthly care and support forum. They said it was, "A great source of peer support and good practice."