Medic 2 UK Limited

Medic2 UK Limited - Basildon

Inspection report

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Ratings

Overall rating for this service	Inadequate
Is the service well-led?	**Inadequate**

Overall summary

We carried out an announced comprehensive inspection of this service on 23 January, 25 January, 28 January and 29 January 2015. A breach of legal requirements was found. This was because the provider did not have suitable arrangements in place to effectively monitor and assess the quality and safety of the service provided.

After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breach. We undertook a focused inspection on 6 May 2015 to check that they had followed their plan and to confirm that they now met legal requirements.

This report only covers our findings in relation to this requirement. You can read the report of our last comprehensive inspection by selecting the 'all reports' link for Medic2 UK Limited – Basildon on our website at www.cqc.org.uk

Medic2 UK Limited Basildon provides personal care and support to people in their own homes. At the time of this inspection there were 34 people using the service.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At our focused inspection on 6 May 2015, we found that since our last inspection, systems had been put in place to support the provider's quality assurance processes. However, further work was needed to ensure that the systems and processes used to regularly assess and monitor the quality of the service provided continued to improve the care people received.

Summary of findings

Complaints and concerns had not been appropriately recorded to show that these had been investigated thoroughly or recorded the actions taken, in line with the provider's policy and procedure.

Although staff training was underway, further monitoring was required to ensure that all staff received suitable training for the safety of people who used the service.

Regular management team meetings were now in place however improvements were required to ensure records were kept to evidence actions taken.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service well-led?

Action had been taken to develop systems to assess, monitor and improve the quality of the service provided. However, work was on-going and further improvements were required to embed these processes.

Inadequate

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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 was planned to check 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.

We undertook an unannounced focused inspection of Medic2 UK Limited Basildon on 6 May 2015. The inspection was undertaken by one inspector.

Before the inspection, we looked at information that we had received about the service. This included information we received prior to the inspection and notifications from the provider. Statutory notifications include information about important events which the provider is required to send us by law.

We spoke with the registered provider and four staff working at the service. We looked at eight people's quality monitoring questionnaires and the support records relating to eight members of staff. We also looked at the provider's arrangements for managing complaints and monitoring and assessing the quality of the services provided.

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Is the service well-led?

Our findings

At our comprehensive inspection of the service in January 2015, we found the provider did not have suitable arrangements in place to effectively monitor, assess and continuously improve the quality and safety of the service. We served a warning notice to the provider on 4 March 2015 requiring them to become compliant with Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 by 1 April 2015.

The provider's Quality Assurance audit report for 2014 was not available at the time of our inspection in January 2015 but was provided to the Care Quality Commission on 23 March 2015. The report did not reflect what we found and had not highlighted areas that required improvement. The report did not correlate with our findings at the January 2015 inspection.

Although we found that the service had implemented more robust quality assurance processes and had started using these to improve the service for people, further work was needed to ensure that these arrangements continued to improve the care people received.

Staff support systems were more clearly organised. Staff had received at least one supervision, 'spot check' or an appraisal. A matrix had been devised and in place to show the manager which staff had received a supervision, 'spot check' or appraisal so that gaps could be targeted and actions taken. In addition, an individual staff training matrix had been formulated. This showed that all staff had received training in relation to practical manual handling and medication and were also doing distance learning in other subjects. Some training had been provided to staff in specialist areas required for them to complete their duties safely. However, further improvements were required to ensure that ongoing training was delivered to all staff going forward and clear system had still not been fully implement to monitor and deliver this to staff.

The manager told us that a 'quality assurance officer' had been newly appointed since our last inspection to the service, and as part of their role they were responsible for complaints management. We found that the provider's system for complaints management remained inadequate. No complaints log was in place and the systems in place to demonstrate how complaints and comments about the service were being assessed and monitored to improve the quality of the service delivered remained inadequate and required significant improvement. We were told that since our last inspection in January 2015 the service had received three complaints. The 'quality assurance officer' confirmed that two out of three complaints had been investigated, however no records were available to show how effective the provider was in investigating and responding to complaints by people who used the service. In addition, the third complaint had not been responded to 12 days after it was first received. This meant that the service continued to have ineffective arrangements in place to monitor and respond to complaints and comments made by people who used the service and those acting on their behalf.

The manager confirmed that they were responsible for the running of two services, namely, Medic2 UK Limited Basildon and Romford offices. They confirmed that since the last inspection they visited the service most days. In addition, they confirmed that since the appointment of a 'Quality Assurance Officer,' they liaised closely with this person so as to have better oversight of the service as a whole. The manager confirmed that they met once weekly and records were available to confirm this and the topics discussed. However, improvements were needed to record the actions to be taken, date to be achieved and the person responsible for ensuring that these were completed to ensure that actions to improve the service for people was taken in a timely way to effect change.

Systems had been implemented to gain people's views on the quality of the service provided. This was implemented through the completion of face-to-face reviews, telephone reviews and sending out surveys to gain people's opinions on the quality of the service they experienced. The responses received were positive and complimentary. These also showed that positive steps had been taken to ensure that people were protected against the risks of receiving inappropriate or unsafe care, by means of effective staffing arrangements. People confirmed that there had not been any late visits whereby staff did not arrive at the person's home within the time band specified and agreed or missed calls.

Systems were now in place to ensure that people were protected from the risks of unsafe or inappropriate care, for example, appropriate arrangements were in place to

Inadequate

Is the service well-led?

ensure that accurate records were maintained. This showed that effective and proper recruitment checks had now been implemented on newly appointed staff and operated in line with the provider's policy and procedures.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance People who use services and others were not protected against the risks associated with good governance because systems in place to assess, monitor and improve the quality and safety of services provided were not effective.