MD Care Ltd

# MD CARE LDT T/A KARE PLUS BASILDON

## Inspection report

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21 March 2018

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## Ratings

| | |
|---|---|
| Overall rating for this service | Requires Improvement |

| | |
|---|---|
| Is the service safe? | **Requires Improvement** |
| Is the service effective? | **Requires Improvement** |
| Is the service caring? | **Requires Improvement** |
| Is the service responsive? | **Requires Improvement** |
| Is the service well-led? | **Inadequate** |

# Summary of findings

## Overall summary

At the last inspection in January 2016, the service was rated Good. At this inspection, we found the service requires improvement.

MD Care Limited provides a domiciliary care service for people living in their own homes. It provides a service to older adults. The inspection took place on the 20 March 2018 and was announced. This was to ensure that someone would be at the office to meet with us. At the time of our inspection, 34 people were receiving personal care and support from the service.

There was a registered manager 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 and associated Regulations about how the service is run.

Staff did not always have the correct information to enable them to care for people in a safe way. Risk assessments were not always in place, or sufficiently detailed and people had not been involved in developing and reviewing their care plans.

The management of people's medicines needed to improve to ensure that people received their medicines in the correct way. Staff had not always had supervision to support them in carrying out their role effectively.

The provider had struggled to recruit and retain a sufficient amount of staff, which affected the quality of care people received. People told us that staff did not always turn up on time and that they did not always know who would be coming. Staff needed training in specialist areas to make sure that they were competent to provide care to people who had specialist needs.

People's needs were not always assessed and care plans lacked sufficient detail. There was not enough information for staff to understand about people's preferences and choice. Care plans did not include information about how people's health condition may affect their wellbeing, nor what staff should do in the event of an emergency. Information about people's end of life wishes lacked detail, and so staff may not have always had the guidance needed to be clear about how to support people in the best way, at the last stages of their life.

People had not always signed to show that they had consented to their care arrangements. When people had a pre-existing health condition that may have affected their capacity to make day to day decisions, this had not been recorded.

The service was not meeting the Accessible Information Standards by ensuring people's sensory and communication needs were met. We recommend that the registered manager apply these standards.

People told us office staff did not answer telephone calls and that when they raised concerns these had not always been resolved. The provider did not regularly assess or monitor the quality of the service provided. Feedback from people, their relatives and staff was not used to make improvements to the service.

Staff were caring and people told us they were kind and respectful towards them and their property. People told us they felt safe when receiving care and support. Systems were in place to protect people from abuse and harm.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement**

The service was not always safe.

People told us that the time staff would arrive could be variable. The registered manager was looking at ways they could improve satisfaction in this area.

Risk assessments did not contain enough personalised information needed to ensure people's safety and wellbeing.

Most people did not require assistance to take their medicines, however when people did need help to take their medicines, there was a lack of information available for staff.

### Is the service effective?

**Requires Improvement**

The service was not always effective.

Staff received mandatory training but they did not receive training that was specific to the specialist needs of people using the service. Staff told us they did not always have supervision.

The service did not have arrangements in place to ensure people's needs were reviewed and reassessed regularly.

### Is the service caring?

**Requires Improvement**

The service was not always caring.

Staff were kind and caring towards people.

The provider did not provide a robust framework to maintain the quality of care people received, we could not be certain that standards could be consistently maintained.

### Is the service responsive?

**Requires Improvement**

The service was not always responsive.

People had not been involved in their care planning and reviews of their care and support had not taken place.

There were processes in place to deal with people's concerns or complaints but this information was not used to make improvements to the service.

## Is the service well-led?

**Inadequate**

This service was not well led.

The registered manager did not have a governance system in place and processes were not in place to monitor the service people received.

People's views and experiences were not considered or utilised to drive improvement.

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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.

The inspection was partly prompted by information received from the local authority, which indicated some people were not always getting care visits when they needed them and potential concerns about the way the provider managed risk and people's medicines.

We found the provider was in breach of a number of regulations. Full information about the CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

The provider was given notice of our intention to visit because the location provided a domiciliary care service and we needed to be sure that someone would be available to respond to our queries. The inspection started on the 20 February 2018 and ended on the 21 February 2018.

We visited the office location on the 20 February 2018 to see the registered manager and office staff; and to review care records and policies and procedures. We also sent out questionnaires to obtain people's views before the inspection.

We reviewed all the information we had available about the service including notifications that had been sent to us by the registered manager and a local authority report. We also received information from the Clinical Commissioning Group. Notifications are information about important events, which the provider is required to send us by law. We also looked at information sent to us from others, including the local

authority.

The inspection team comprised of one Inspector and one Expert by Experience, who contacted people and relatives by telephone on our behalf to seek their views of the service. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

The inspection was informed by feedback from questionnaires completed by some people who were using the service. This complimented some staff and some aspects of the service. Where feedback has been provided this have been incorporated as part of the report.

The provider did not meet the minimum requirement of completing the Provider Information Return at least once annually. This is information we require providers to send us to give us key information about the service, what the service does well and improvements they plan to make. We considered this when we made the judgements in this report.

We spoke with six people who used the service and eight relatives on the telephone. We also spoke with the registered manager, the regional director, a coordinator and four care staff. We looked at eight people's care records, eight staff personnel files, and records about the management of the service.

Requires Improvement

# Is the service safe?

## Our findings

We received mixed feedback from people about the care and support they received. One person explained, "I do feel safe with them. There were a few male carers at first but I told them I did not want that and they have stopped them coming. The only thing is sometimes they do not ring the bell properly or they knock on the door and I do not hear them and they just go away. I've been left without my things being put on but I've managed." Another person said, "I do feel safe with them."

Risk assessments were not always in place when they should have been. This meant that staff did not always have the correct information to enable them to care for people in a safe way. For example, plans to manage the risks associated with swallowing, medicines and falls were not in place when they should have been. Other people had risk assessments relating to moving and handling, but these were brief and did not contain enough information for staff to understand how to support people to move in a safe way. Because of the lack of detailed information, there was the potential for risk but at the time of the inspection, there had been no impact to people's safety.

Not everyone was confident that their relative got their medicines on time and as prescribed. One relative explained, "[Name] has medicine three to four times a day, but they don't like taking it and it has been found behind the TV or down the sofa. I don't think they have a sheet to sign for the medicine and we have no idea whether they have taken it or not."

At the time of the inspection, most people did not require assistance to take their medicines, however when people did need help to take their medicines, there was a lack of information available for staff. For example, when people needed specific medicine, such as, topical creams or transdermal patches there was no guidance available, to show staff where this medicine should be placed on the person's body .
Information recorded in the Medication Administration Record Sheets (MARS) lacked information confirming that people had always had their medicines as prescribed.
This meant that staff did not always have enough information to be able to understand how to support people to take their medicines in a safe way.
Although staff had received medication administration training the registered manager had not assessed their competence to ensure they understood and administered medicines safely.

The registered manager did not carry out regular audits of the MARs to ensure staff had signed them to show people had received their medicines as prescribed. A new electronic system had recently been introduced , which meant that people's MARS would be recorded via this system, but it was not easy to establish if people had always been given their medicines in the correct way. This new system was not being checked by the provider to make sure that the information was correct.

This was a breach of Regulation 12 Safe Care and Treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was a breach of section (2) (b) (c) (g) of the Health and Social Care Act 2008.

In the previous months running up to the inspection the provider had struggled to recruit and retain a sufficient amount of staff, which impacted, on the quality of care people received. People told us that staff turned up at various times, and that the staff delivering the care to them changed frequently. People said they were not always kept informed when changes had been made .

One person explained, "The timings are all over the place. It is now harder as they have taken all the written sheets from the book. I used to be able to see the times they came. They are supposed to be here at 8:00 and they did not arrive until 10:40. Sometimes I get my tea visit late, 7pm or even later and then they may come to settle me for the night at about 9:00 which can be shortly after my tea and isn't very comfortable." Another person said, "Our biggest problem is the timing. Mornings are not as bad as evenings. There can be a two and half hour difference in the evening call. The visit can be anytime from 7:45 pm to 10:15 pm. We get ready for the earlier time but they never let us know." Another person said, "We have had some difficulties with timings but I think they have realised that the later they leave it in the evening the harder it is as the more tired [Name] is."

The provider did not always consider the skill mix of staff before sending them out to deliver care. For example, we found that for people who had Parkinson's, dysphagia or for those who required stoma care staff had not been adequately trained. This meant that staff might not have always had the correct training to be able to deliver care to people in a safe way.

This was a breach of Regulation 18 Staffing of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was a breach of section (1) of the Health and Social Care Act 2008.

Staff had the knowledge and confidence to identify safeguarding concerns and act on them to protect people. They had access to information and guidance about safeguarding to help them identify abuse and respond appropriately, if it occurred. Staff and the registered manager told us they had received training in safeguarding people from harm. They were able to give us examples where they had followed the correct procedures when concerns had been identified. We saw that staff were recruited safely and all the necessary checks had been completed before they started work.

People told us that staff used hygienic practices when in their home. They wore gloves and aprons appropriately and were aware of the risk of cross infection. Staff had received training in food safety and infection control to help them to carry out their responsibilities effectively.

There were systems in place to record, review, and investigate safety concerns. These were reported through the appropriate internal and external channels such as social services or the GP and to their regional director. When things had gone wrong, this was discussed in team meetings so that lessons could be learnt, for example a recent safeguarding concern had been shared and discussed within the team look at what improvements could be made. The registered manager had made safeguarding alerts to the relevant authorities and we saw that the registered manager had undertaken internal investigations when this was required.

Requires Improvement

# Is the service effective?

## Our findings

People and their relatives told us staff understood their needs and provided the care they wanted. One relative said, "The carers are good with him. They take them into the kitchen so that they can see the garden and they love that." Another relative said, "They generally do an excellent job and gain their confidence very quickly."

Despite new staff being inducted into their role, the induction did not include the Care Certificate. (The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of care workers.)

There was an on-going mandatory training programme for all staff, but staff were not trained on meeting people's specific needs. For example, staff were supporting some people who had complex health needs but they had not been trained in Parkinson's, dysphagia, pressure care, or stoma care. One person said, "I don't think they all know about the conditions people have such as fibromyalgia. Some staff do not like it when I ask them to do something or do it in a certain way." After the inspection, the registered manager assured us that they would source additional training for staff that supports people with these complex conditions.

Staff told us they did not always have regular supervision and records confirmed this. In all of the staff records, none of them had an appraisal of their work. This is important to review a staff member's performance or views during the year and to show that a conversation and discussion had taken place.

We inspected the way the provider supported people to eat and drink in a safe way that promoted their health. For example, if people had long term health conditions such as diabetes or dysphasia. Dysphasia is a health condition that affects people's eating and swallowing function. Two people require a textured diet and support to help them to eat safely, but there were no care plans in place to provide guidance for staff about how they should support people to eat in a safe way. People were supported with mealtime and fluid preparation but there was very little information available for staff to understand people's preferences. Care plans did not include information about how people's health condition may affect their wellbeing, nor what staff should do in the event of an emergency.

There was limited information to suggest that the provider worked well with relevant health professionals, such as the district nursing service or GPs. The care plans contained very little information regarding people's health needs and professional's involvement.

This was a breach of Regulation 12 Safe Care and Treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was a breach of section (2) (b) of the Health and Social Care Act 2008.

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 people lacked mental

capacity to take particular decisions, any made on their behalf must be legally authorised under the MCA.

The approach to obtaining consent in relation to their care arrangements was inconsistent and not everybody had signed consent to their care. There was an inadequate amount of information available to know if people had representation in place. For example, it was not recorded when people had a Lasting Power of Attorney or a Court of Protection agreement in place.

When people lacked capacity, there was very limited information to explain how their condition may affect them. Care plans did not contain instructions for staff about people's right to make their own decisions, wishes, and what they liked and disliked when they could not make decisions for themselves. This meant that staff did not have adequate guidance about how to meet the person's choices and abilities.

Requires Improvement

# Is the service caring?

## Our findings

People told us that staff were kind and caring towards them. One person said, "They are always helpful and will do extra things like a bit of tidying up for me." Another person said, "They are nice girls and they just get on with things and know what they are doing. We usually have time for a chat." One comment from the questionnaire stated, "Apart from doing a very caring job, the staff are considerate and uplifting psychologically."

Despite people telling us that staff were kind and caring towards them, the provider did not have arrangements in place to ensure people received appropriate and safe care and therefore was not providing a caring service

People had not always been involved in their care arrangements and staff had not always been involved in the care planning process. Information did not record people's individual wishes and choices and had not been written in a caring and sensitive way. We saw that people's views, choices, or preferences had not been recorded.

Staff communicated well with people and good relationships had developed between them. One relative said, "It's lovely the way they speak to [Name]. Its tender and they come in softly they gently wake them. One staff member sings to them in Spanish and has taught them some Spanish words. [Name] is a West Ham supporter, so they got him a west ham sign to hang on the bed for Christmas. They sing to him and we both join in. They check how I am too and ask me if I am alright." Another person said, "We have nice chats. They even built me a little snowman when it was really snowy recently and we had a laugh."

People told us that staff respected them and protected their privacy and dignity. One relative said, "They are kind to [Name] and have a chat with us. They always make sure they protect their privacy. For example, by always closing the bathroom door, even though as a family we have never bothered with that sort of thing."

Requires Improvement

# Is the service responsive?

## Our findings

We received mixed feedback about the responsiveness of the service. People and their relatives told us that staff did not always respond effectively to their needs. When changes had been made this was not always communicated with them.

One person said, "I think the two big problems with this agency are a lack of communication and a lack of observation. There is a lack of communication from the office regarding when and who is visiting me. Especially the teatime and bedtime call. There is a lack of observation. For example, if I am running low on milk or bread they do not tell me. They do not always notice when the commode needs emptying. Once I asked if they would wash my hair, they just stood there, and I realised they expected me to wash my own hair. I can stand up for myself but I worry about people who don't have any family to help them."

Records confirmed that people had not had their care plans reviewed regularly and most people could not recall if this had taken place. One relative said, "I can't recall a review of the care plan." Some people said they struggled to contact the office if they were concerned about their call time, or if any changes were needed. One person said, "I don't find the office very responsive. You phone them and they don't phone you back."

Some people did not have a detailed care plan of their assessed needs. Information was generic and had not been written in a comprehensive and person centred way. Some information in the care plan was out of date. For example, the registered manager told us about some people's care needs and explained how they were meeting these needs. We found this information had not been recorded. One relative said, "We don't have access to the daily logs now and we'd like to be more involved."

Some people told us they did not like the new computer system because it meant that their family members were unable to check when staff had visited and what had been done. Several people mentioned that staff were now recording information on their phones rather than on paper records. Some people told us they were not happy about this mainly because they were unable to access them. One relative said, "All the notes are now on their phones. I liked the idea of having a permanent record on paper, but now I cannot see what they are recording. They could record anything. Before that you could check things." Another relative said, "They now record everything on their phones. If I'm out, I don't know who has come and what has happened." A person said, "They use these gadgets now and they wanted my photo. I was not happy but I did it. I just do not know what they will do with my photo. Now they have this though they do have to stay for the full half hour before they didn't always do that."

The new computer system had the capacity to record people's gender, ethnicity, and cultural and religious needs but these fields were blank. When we spoke with the registered manager they said, "We are in the process of transferring every ones records across. There have been shortfalls and we haven't been recording as much as we should have been but hopefully this new system will help when it has been fully implemented."

The service did not meet the Accessible Information Standards by ensuring people's sensory and communication needs were met. For example, care records did not identify who may have additional communication need relating to a disability, impairment, or sensory loss, and did not flag up when people required accessible information and communication support. We recommend that the new manager undertakes accessible communication standards training and look at ways in which the standards can be applied across the service.

The registered manager told us that one person was at the end of their life, but there was very limited information to ensure that staff had guidance to know how to care for people in the last stages of their life. Information was not as robust as it could have been. For example, there was no specific end of life care plan, which would identify how staff could ensure comfort and dignity and focus on ways in which the service could respond to the person needs in a timely and sensitive way. The registered manager said they would look at ways they could improve this area.

People gave mixed feedback when they were asked if they were confident, complaints would be responded to appropriately and action taken. One person said, "I have talked to them about my concerns about the different staff and times, they said they would look to me getting more regular staff but nothing has been done about it."

A new way of recording and processing complaints had recently been introduced. This meant that when a complaint had been received, people were provided with a formal response, setting out what action the service would take. There were no systems in place for the registered manager to look if there were any trends they could identify or to consider if there was any action that could be taken to improve the service for everyone.

This was a breach of Regulation 16 Safe Care and Treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was a breach of section (1) (2) of the Health and Social Care Act 2008.

Inadequate

# Is the service well-led?

## Our findings

Prior to our inspection, the local authority told us that the service had an ineffective governance process in place to assure the quality of the service that people received.

At the inspection, we found the provider continued not to have an effective governance system to assure the quality of the service people received. For example, the provider did not carry out audits relating to certain aspects of service delivery, such as, monthly audits of care plans or medicine management. The provider had failed to maintain an accurate, complete and detailed record in respect of each person using the service and they had failed to put plans in place specifying how the service could be improved and when this would be achieved.

Staff roles had not always been clearly defined. The registered manager explained that at various times over the last year, they had been covering a number of different job roles in order to support the running of the service and that this had affected their ability to sustain the quality of the service. We noted that at our inspection, new staff had been recruited but it was too early to see if this would lead to an improvement.

Nobody that we spoke with had been asked for their feedback about the service. One relative said, "I don't think they have asked for feedback." Another person explained, "A couple of weeks ago two people came out and they said they were working on improving things at the agency but I haven't heard any more." Another person said, "No I am not aware of being asked about what we think of the service."

Despite being told by people that they had not been asked for their feedback about the service. Information seen at the office indicated that some people had completed surveys about their experiences, but the responses were not analysed to inform improvement actions where needed. For example, a number of people had informed the provider that staff did not arrive on time and they were not informed of any changes to their agreed plan of care. This information was not addressed and changes were not implemented to improve the quality and safety of the service provided.

Prior to our inspection, we sent out questionnaires. In one response we were told, "The registered manager is very helpful, considerate, and supports staff development. However the directors have no background in care services, which proves difficult, because there is no backup for the registered manager available."

The registered manager told us they met informally with the provider, but we found there was no formal structure in place to support the registered manager. For example, there had been no senior leadership meetings to look at ways in which the service could be improved. There was no structure in place for the registered manager to develop and learn about best practice. After the inspection the provider sent us an action plan that defined what improvements needed to be made and by when.

This was a breach of Regulation 17 Good Governance Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was a breach of section (17) (1) (2) of the Health and Social Care Act 2008.

A registered manager was in post and understood the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. The registered manager understood when notification forms had to be submitted to CQC. These notifications inform us about the events happening in the service.

The service held staff meetings and kept records for staff who could not attend and they were given a copy. The registered manager used these meetings as an opportunity to refresh staff member's knowledge.

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 12 HSCA RA Regulations 2014 Safe care and treatment<br><br>There was limited information to suggest that the provider worked well with relevant health professionals, such as the district nursing service or GPs. The care plans contained very little information regarding people's health needs and professional's involvement. |

| Regulated activity | Regulation |
|---|---|
| Personal care | Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints<br><br>1.Any complaint received must be investigated and necessary and proportionate action must be taken in response to any failure identified by the complaint or investigation.<br>2.The registered person must establish and operate effectively an accessible system for identifying, receiving, recording, handling and responding to complaints by service users and other persons in relation to the carrying on of the regulated activity. |

| Regulated activity | Regulation |
|---|---|
| Personal care | Regulation 17 HSCA RA Regulations 2014 Good governance<br><br>The service had an ineffective governance process in place to assure the quality of the service that people received. |

| Regulated activity | Regulation |
|---|---|

Personal care

Regulation 18 HSCA RA Regulations 2014 Staffing

The provider did not always consider the skill mix of staff before sending them out to deliver care. For example, we found that some people were providing support to people who had not been adequately trained.