

MK Executive Care Services LTD

MK Executive Care

Inspection report

121A Queensway
Bletchley
Milton Keynes
Buckinghamshire
MK2 2DH

Tel: 01908375199
Website: www.mkexecutivecare.co.uk

Date of inspection visit:
28 May 2019
31 May 2019
03 June 2019
05 June 2019

Date of publication:
19 July 2019

Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

MK Executive Care is a domiciliary care agency providing personal care to people (including children) living their own homes.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of inspection 34 people were receiving personal care.

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

Since the last inspection the provider had started providing care for children. Feedback received from the local safeguarding authority raised concerns about the registered managers understanding of the procedures for reporting children's safeguarding concerns to the Local Area Designated Officer (LADO). The registered manager explained they would be attending further training to ensure they were fully up to date with the reporting procedures.

There was limited information available on the actions taken by the registered manager in response to safeguarding concerns. The registered manager said going forward they would ensure full detailed records would be retained of the actions they had taken.

Risk assessments were in place to manage risks within people's lives.

Staff recruitment procedures ensured that appropriate pre-employment checks were carried out. Staffing support matched the level of assessed needs.

Staff were trained to support people effectively. Systems were in place to ensure staff received supervision and support to be confident in their roles.

People were supported to eat and drink. Staff ensured people's healthcare needs were met, and any deterioration in health was brought to the attention of health professionals as required. Staff followed the advice of health care professionals in providing people's care and support.

Staff treated people with kindness, dignity and respect. They knew about the needs and preferences of the people they supported.

People and their representatives were involved in planning their care as much as was possible. Their support plans reflected their needs, and preferences.

A complaints system was in place. The registered manager was open and honest, and worked in partnership with outside agencies to improve people's support when required.

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.

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

The last rating for this service was Good (report published 30 November 2016). Since this rating was awarded the provider has altered its legal entity. This service was registered with us under the new legal entity on 15 April 2019 and this is the first inspection.

We have used the previous rating to inform our planning and decisions about the rating at this inspection.

Why we inspected

This was a planned inspection based on the previous rating.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.
Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.
Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.
Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.
Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.
Details are in our well-Led findings below.

Good ●

MK Executive Care

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

MK Executive Care is a domiciliary care agency providing personal care to people (including children) who live in their own homes. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

The provider was registered with the Care Quality Commission as the registered manager. This means that they are legally responsible for how the service is run and for the quality and safety of the care provided.

This inspection was announced.

We gave a short period notice of the inspection because it is a small service and we needed to be sure that the registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with five people, four relatives, ten staff and the registered manager. We reviewed a range of records. These included three care plans, seventeen medicine administration charts, three staff recruitment files, staff training and supervision, accidents and incidents, safeguarding and complaints and other records in relation to the management and oversight of the service.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found. We looked at training data and spoke with a professional from the local safeguarding authority.

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 rated as Good. At this inspection, this key question has now deteriorated to Requires Improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives said they felt safe with the staff. One person said, "I feel very safe with all the staff." A relative said, "We have a good relationship with the staff, they know what they are doing and always have the safety of [name of person] in mind when providing their care."
- However, we received information from the local safeguarding authority that the procedure had not been fully followed for reporting children's' safeguarding concerns, within the specified timeframe to the relevant authority Local Area Designated Officer (LADO). The registered manager said they had informed the safeguarding authority LADO that commissioned the care placement but had been unaware they were also required to inform the LADO based within the Milton Keynes local safeguarding authority. They said they had learned from this experience and would be attending further training for managers to ensure they were fully up to date with the current children's safeguarding reporting procedures.
- The registered manager kept a summary of the safeguarding concerns that had been dealt with. This limited information did not evidence the actions that had been taken in response to the safeguarding concerns. The registered manager said they would ensure full detailed records of the actions they had taken would be retained.
- Records showed training had been provided for staff on safeguarding adults, the registered manager confirmed safeguarding children was also included within the training module. They said the training record would be updated to ensure it clearly indicated safeguarding children training was also provided for staff.
- Staff had been trained to recognise abuse and protect people (including children) from the risk of abuse and understood their responsibility to report any concerns to the registered manager, or outside of the company if needed.

Assessing risk, safety monitoring and management

- Risks associated with people's care, support and environment had been assessed and records provided guidance to staff on the measures needed to reduce potential risk.
- Systems were in place for staff to report all accidents and incidents.

Staffing and recruitment

- The provider had safe staff recruitment checks in place. This meant that checks were carried out before employment to make sure staff had the right character and experience for the role.
- People and relatives told us they felt there were enough staff working for the service, and staff usually arrived at the scheduled time to visit them.

Using medicines safely

- People were supported to manage their own medicines where they had been assessed as safe to do so.
- Staff involved in handling medicines had received training around medicines and the medication administration records (MAR) were completed accurately.
- Regular audits were carried out on medicines and the medicine administration records. This helped to ensure people received their medicines as prescribed and any errors were quickly recognised to ensure records were completed accurately.

Preventing and controlling infection

- Staff received infection control training. People told us the staff used disposable gloves and aprons when providing personal care and handling food.
- The provider ensured personal protective equipment (PPE), such as disposable aprons and gloves, were available and used by staff when supporting people with personal care within their own homes. Spot checks took place to ensure staff were using the equipment and following infection control procedures when attending people's care.

Learning lessons when things go wrong

- Accidents and incidents were recorded and monitored. The registered manager reviewed all incidents that happened and used feedback from people and staff, to improve safety across the service.

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 rated Good. At this inspection this key question rating has remains the same.

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

- People had their needs assessed, and the information was used to formulate the care plans. The assessments looked at people's physical and mental abilities, level of independence, their preferences, relationships and cultural needs.
- People were supported by staff who knew them well and supported them in a way they wanted.

Staff support: induction, training, skills and experience

- Staff received induction training and on-going refresher training to ensure they kept up to date with current practice.
- Staff told us the induction training involved working with more experienced staff and getting to know the people they would be supporting.
- Staff told us they received the support and supervision they required from the registered manager.
- Records showed that spot checks took place to observe and assess the staff's competency to deliver safe, effective care.

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

- People and relatives confirmed staff provided appropriate support to eat a healthy diet and ensure people received food and drink that met their preferences. However, one relative expressed frustration at the amount of food they found was being wasted. They spoke of staff throwing away foods such as, pre-packed cooked meats, smoked salmon, pate's, pickles and chutneys from the fridge. We spoke with the registered provider who said they would arrange a meeting with the relative to fully address their concerns.

Staff working with other agencies to provide consistent, effective, timely care; supporting people to live healthier lives, access healthcare services and support

- The registered manager and staff worked in partnership with health and social care professionals to maintain people's health. This included people's GP's, district nurses and occupational therapists.

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.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

- People had their capacity assessed and the registered manager knew how to complete them.
- We saw that people had signed consent forms within their files, and the people we spoke with told us that staff gained their consent before carrying out any care tasks.

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 rated Good. At this inspection the key question remains the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

- People confirmed staff treated them with respect. One person said, "We have a really good relationship, we have a laugh and a joke, they [staff] are like friends." A relative said, "The staff are all very kind and caring, I would recommend them to others."
- People told us they had a regular team of staff, which provided consistent care.
- The staff were knowledgeable of the people they provided care for and knew their individual needs and preferences.

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

- People and relatives were involved in the planning of their care. One relative said, "I am very involved in [name's] care, we all work together as a team."

Respecting and promoting people's privacy, dignity and independence

- People said the staff preserved their privacy and dignity. For example, ensuring they were covered when washing and dressing, and that curtains and doors were kept closed when assisting with intimate personal care.
- Information about people using the service was stored securely within the office, all staff were aware of maintaining confidentiality and keeping records and personal information secure.

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 rated Good. At this inspection this key question remains the same.

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

- The care and support given to people was personalised and people had a consistent staff team that knew them well. One person said, "I am very happy, I have regular carers that understand my needs."
- The care plans contained information about people's likes, dislikes, preferences and medical history and they were regularly reviewed.

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.

- Staff were aware of the different methods of communication used by people with hearing, visual and sensory impairments, and they communicated with them effectively.

Improving care quality in response to complaints or concerns

- All the people and relatives spoken with said they knew how to make a complaint. One relative said, "In the past I have brought concerns to the attention of [registered manager] who dealt with them straight away." The registered manager said whenever they received any complaints they always contacted the complainant to discuss the issue and reach a resolution.
- The registered manager kept a summary of the complaints they had dealt with. We discussed with the provider the need to have records that were able to demonstrate the actions they had taken in response to complaints. They said that going forward they would ensure they maintained detailed complaint records.

End of life care and support

- No end of life care was currently being delivered by the service. The registered manager was aware of what actions to take should someone require end of life care.
- Staff said they received end of life training and when people reached this stage, they worked closely with other healthcare professionals in meeting people's end of life 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 rated as Requires Improvement. At this inspection this key question has improved to 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

- The registered manager and staff put people at the centre of the service and provided care that focussed on people's individual needs.
- People told us they would recommend the service to others. They commented the registered manager and staff were very friendly and approachable."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and staff team understood their roles and were open and honest. The registered manager had daily open communication with people, their relatives, staff and outside agencies.
- There were systems in place to ensure compliance with duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.
- Staff knew about how to whistle-blow and knew how to raise concerns with the local authority and the Care Quality Commission (CQC) if they felt their concerns were not being acted upon.

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

- Staff said they received good support for them to do their job. One staff member said, "It's a really nice company to work for, it's not too big, which means we can meet people's individual needs."
- The registered manager notified the Care Quality Commission of significant events appropriately.
- Policies and procedures were reviewed and updated periodically to ensure information was current and supported best practice. The complaints policy had some contact details that were out of date the registered manager said they would amend the policy immediately.
- Staff received regular supervision, appraisal and spot checks. These were used as forums to observe staff practice, offer guidance and identify any further training required.

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

- People's cultural needs and religious beliefs were respected.

- People and relatives told us they felt involved in developing the service. Questionnaires were sent out to gather people's feedback. The feedback we saw from people and relatives was positive.

Continuous learning and improving care

- Quality audits reflected the findings and actions taken in response to shortfalls identified. For example, any medicines administration record (MAR) found with gaps found in recording when medicines had been administered were followed up with individual staff and communicated to the wider team.
- The registered manager regularly conducted spot checks to ensure the standards of care were high, and improvements were made when required.

Working in partnership with others

- The service worked positively with outside agencies including health and social care professionals.