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Executive Care

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

Executive Care provides a domiciliary support service within Milton Keynes and surrounding areas. The service enables people to live independently in their own home.

The inspection was announced and took place on 13 May 2016. The service had 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.

The Care Quality Commission (CQC) had been informed by Milton Keynes Council safeguarding team and commissioners of concerns about the service that had required the provider to stop taking on any new clients until they had fully addressed the concerns.

We carried out an announced comprehensive inspection of the service on 18, 24, and 27 August and 1 September 2015, and found that two legal requirements had been breached. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'Executive Care' on our website at www.cqc.org.uk. Following the inspection the provider sent us an action plan, setting out what they would do to meet the legal requirements.

We undertook this focused inspection to check that the provider had followed their action plan to meet the legal requirements. This report only covers our findings in relation to three question areas, is the service safe, is the service responsive and is the service well led? We found at this inspection that the provider had taken the necessary action and were now meeting the requirements.

We could not improve the ratings from requires improvement, because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Risk assessments were in place for people using the service and had been updated as and when their needs changed.

People identified at risk of developing pressure ulceration had specific risk assessments in place. Care plans were in place for staff to follow in managing and reducing the risks. They had also been regularly reviewed and updated as and when people's needs had changed.

The provider had informed CQC of notifiable events as required by law.

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 ●

We found that action had been taken to improve safety.

Risk assessments were in place for people and they were regularly reviewed.

This meant that the provider was now meeting legal requirements.

We could not improve the rating for safe from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned Comprehensive inspection.

Is the service responsive?

Requires Improvement ●

We found that action had been taken to improve safety.

Care plans were in place for people and reflected their current needs.

This meant that the provider was now meeting legal requirements.

We could not improve the rating for responsive from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned Comprehensive inspection.

Is the service well-led?

Requires Improvement ●

We found that action had been taken to improve safety.

The provider had informed the Care Quality Commission (CQC) of notifiable events as required by law.

This meant that the provider was now meeting legal requirements.

We could not improve the rating for well-led from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned

Executive Care

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.

This was an announced focused inspection of Executive Care which we undertook on 13 May 2016. The inspection was carried out to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection on 1 September 2015 had been made.

The inspection was undertaken by one inspector. Before the inspection, we checked the information we held about the service and the provider, such as notifications. A notification is information about important events which the provider is required to send us by law. We also received feedback from commissioners involved in placing and monitoring the care of people using the service.

During the inspection we focused on three of the five questions we ask about services: Is the service safe, is the service responsive and is the service well led? This is because the service was not previously meeting legal requirements in relation to these three areas.

We spoke with the provider and looked at records in relation to the care and support of five people using the service. Such as, care plans, risk assessments and people's daily notes. In addition we looked at records of notifications received by The Care Quality Commission (CQC) from the provider.

Is the service safe?

Our findings

At our comprehensive inspection of Executive Care on 18, 24, and 27 August and 1 September 2015 we found that suitable arrangements were not in place for ensuring that people were safe.

This was because risk assessments were not in place or had not been updated with particular attention to moving and handling and pressure area care. This meant people were placed at risk of not receiving safe care and treatment.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

We carried out this inspection to check they had followed their plan, and found that the right improvements had been made.

We found that specific risk assessments had been carried out that identified the current risks relating to people's conditions. For example, moving and handling, falls, skin integrity and pressure area care.

The risk assessments instructed staff on what they needed to do to protect people's safety whilst promoting independence. For example, whether people needed one or two staff to assist them to mobilise safely. They also gave instruction on the equipment needed for people to mobilise safely and for reducing pressure to the body, such as specialist mattresses and cushions to minimise the risks of people that were immobile, from developing pressure area sores.

Is the service responsive?

Our findings

At our comprehensive inspection of Executive Care on 18, 24, and 27 August and 1 September 2015 we found that suitable arrangements were not in place for ensuring that people were safe.

This was because care plans were not place or had not been updated with particular attention to pressure area care. This meant people were placed at risk of not receiving safe care and treatment.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

We carried out this inspection to check they had followed their plan, and found that the right improvements had been made.

Each person had their needs fully assessed before commencing with the care agency and the assessments formed the basis of the care plans put in place. We saw they contained sufficient detail to inform the staff on each person's current needs.

We found that people identified at risk of developing pressure sores had a specific pressure area care plan in place. They addressed the increased risks of people developing pressure area sores and how the risks were to be managed. The staff worked in collaboration with the community district nursing team in meeting their care needs.

We saw the care plans had been reviewed and updated regularly to ensure the information contained within them accurately reflected people's current needs.

Is the service well-led?

Our findings

At our comprehensive inspection of Executive Care on 18, 24, and 27 August and 1 September 2015 we found that suitable arrangements were not in place to ensure the provider notified the Care Quality Commission (CQC) of incidents that affected the health, safety and welfare of people who use services.

This was because incidents that had been reported to the Local Authority (LA) safeguarding team had not always been notified to CQC as required by law.

This was a breach of Regulation 18 CQC (Registration) Regulations 2009.

We carried out this inspection to check they had followed their plan, and found that the right improvements had been made.

We found that appropriate systems were in place to monitor the quality of the service by regularly speaking with people to ensure they were happy with the service they received. Routine home visit 'spot checks' were carried out to observe the staffs care practice and to seek feedback from people on the care they received. We saw records of the telephone conversations held within the agency office and the provider analysed the results to identify how they could improve the service.

We also saw that other quality monitoring systems were in place that included checks to staff recruitment systems, care plans and risk assessments, medicines audits and updates to staff training records.

The registered manager had kept the Care Quality Commission (CQC) informed of notifiable events as required by law. In addition they had also informed the Northamptonshire Safeguarding Team of safeguarding concerns.