

Medinova Healthcare Ltd

# Medinova Healthcare Ltd,

## Inspection report

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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?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Medinova Healthcare Limited is a domiciliary care agency which provides care and support for people in their home. At the time of the inspection the service was providing support with personal care for 3 people, of which 2 were receiving the regulated activity of personal care. 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.

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

The provider had not always developed risk management plans to provide care workers with guidance on mitigating identified risks. Medicines were not always managed appropriately to follow best practice.

Care workers had not completed the training identified as mandatory by the provider to ensure their skills were up to date. People were not always supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not always support this practice.

Care plans were not written in a person-centred manner which identified the person's wishes in relation to how they wanted their care provided. The provider had a quality assurance system, but it was not robust enough to identify where there were issues and improvements were required so these could be addressed.

The provider had a safe recruitment process in place. Relatives felt their family member was safe when they received care in their own home. Care plans identified if people required support to prepare meals. Relatives confirmed they had been involved in the development of their family member's care plan.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

This service was registered with us on 2 March 2022 and this is the first inspection.

### Why we inspected

The inspection was conducted based on the date of registration.

### Enforcement and Recommendations

We have identified breaches in relation to person centred care, need for consent, safe care and treatment, good governance and staffing. Please see the action we have told the provider to take at the end of this report.

### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider to monitor progress. We will continue to monitor

information we receive about the service, which will help inform when we next inspect.

## 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 not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Medinova Healthcare Ltd,

## **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 Health and Social Care Act 2008.

#### Inspection team

The inspection was conducted 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.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post who was also a director of the company.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 7 March 2023 and ended on 13 March 2023. We visited the location's office on 9 March 2023.

#### What we did before the inspection

We reviewed information we had received about the service during the registration process. The provider

was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We met the registered manager who was also a director of the company. We looked at a range of records which included the care records for 2 people, 4 care workers' employment files and a range of records including those used for monitoring the quality of the service, such as audits and policies. Following the inspection, a telephone interview was carried out with 2 relatives and we received feedback from 2 care workers.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated 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.

Assessing risk, safety monitoring and management; Preventing and controlling infection

- The provider did not always ensure that identified risks were effectively managed as risk management plans had not been developed to provide care workers with guidance on how to minimise risks.
- Where a person had been identified as living with or receiving treatment for a medical condition the provider had not always ensured a risk management plan had been developed to provide guidance for care workers on how the medical condition could impact the person and how care was provided.
- A risk management plan had been developed for falls which included information on how care workers could reduce the risk where there were issues with mobility but this did not take into account where prescribed medicines could increase this risk for example by causing dizziness.
- Where support was being provided such as with daily massage which was not at the direction of a medical professional and no guidance or training for care workers was provided, risk assessments had not been completed to identify any possible risks and how these could be mitigated.
- The provider had developed risk assessments in relation to COVID-19 for people receiving support and care but these only included guidance in relation to infection control such as hand washing. The COVID-19 risk assessments did not consider all the risk factors associated with COVID-19 such as ethnicity and age. Therefore, appropriate measures had not been implemented to mitigate an individual's risks associated with COVID-19.

The provider did not always ensure risks were identified and guidance on how they could be mitigated put in place. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Relatives confirmed care workers wore personal protective equipment (PPE) when they provided care and support.
- The provider stated care workers had access to PPE which was delivered to people's home for care workers to use.

Using medicines safely

- The provider had a process for the management and administration of medicines, but this was not always followed to reflect best practice.
- The care plan for 1 person stated that they required care workers to administer medicines. The registered manager confirmed this was part of the person's current support needs. The person's relative informed us they administered their family member's medicines with the care workers prompting them.
- An assessment of the person's medicines support needs had not been carried out to identify if the care

workers were required to assist with the administration of medicines. This meant the care plans may not reflect the person's current support needs in relation to their medicines.

- Care workers were not recording their involvement in the administration of the prescribed medicines for this person.
- The registered manager confirmed they had not considered the National Institute for Health and Care Excellence guidance on managing medicines in the community to ensure best practice was being followed.

The provider did not always ensure the management of medicines was in line with national guidance on the management of medicines in the community. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

- Relatives told us they felt their family member was safe when they received support in their own home.
- The provider had a procedure for the reporting and investigation of any concerns raised about the care provided and they understood what action should be taken if a safeguarding concern was identified.
- At the time of the inspection there had been no safeguarding concerns reported since the service registered so we were unable to review any records or investigations.

Staffing and recruitment

- The provider had developed a recruitment procedure to help ensure new care workers met the requirements of the role.
- We reviewed the records for the four care workers employed by the provider. These included two references, checks on the applicant's right to work in the United Kingdom and a Disclosure and Barring Service (DBS) check for any criminal record. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Relatives we spoke with confirmed care workers arrived on time and stayed for the agreed length of time. A relative told us that care workers stayed until their family member was supported to go to bed and all the care tasks were completed.
- The rotas showed that care workers had enough time to travel between visits which was confirmed by care workers who responded.

Learning lessons when things go wrong

- The provider had a procedure in place for the reporting of accidents and incidents. At the time of the inspection, there had been no incidents and accidents reported so we were unable to review any records or investigations.



# 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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- The provider had identified a range of training which they considered as mandatory for care workers but their records showed this had not been completed and the understanding of the care workers had not been assessed.
- The registered manager provided a list of 18 training courses which included basic life support, communication, fire safety, infection control, medicines management, moving and handling, nutrition and health and safety.
- Training in relation to moving and handling, health and safety and infection control was identified by the provider as required. The training records for the 4 care workers indicated that 3 had not completed moving and handling training, 1 had not undertaken health and safety training and 2 had not completed infection control training.
- The registered manager confirmed that competency assessments had not been completed in relation to moving and handling to ensure care workers understood how to support people safely.
- The training records for the 4 care workers indicated that only 1 care worker had completed training in relation to the administration and management of medicines. The provider could not demonstrate that the care workers' competency in managing and administering medicines had been assessed so they could ensure they followed current best practice.
- The record of the supervision meeting dated 25 January 2023 for 1 care worker indicated that they were required to complete their mandatory training within 4 weeks. At the time of the inspection the training records indicated this care worker had completed 3 training courses.

The provider did not always ensure care workers had completed training identified as mandatory to confirm their skills were up to date. Care workers' competency in relation to moving and handling and administration of medicines was not assessed to ensure they followed best practice. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The care worker employment records showed they had completed an induction and undertaken supervision meetings with the registered manager.

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 MCA 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 provider has a process for the assessment of a person's ability to consent to their care, but this was not always followed to ensure the principles of the MCA were followed.
- The relative of 1 person indicated that their family member did not have capacity to consent to their care, but their care plan did not indicate they were living with a memory impairment. The registered manager had not undertaken a mental capacity assessment to confirm if the person could consent.
- Best interests decisions had not been recorded in relation to the specific care activities to explain why the support was being provided in the best interests of the person.
- The care plan did not indicate if the person's relative had a Lasting Power of Attorney (LPA) in place. A Lasting Power of Attorney can be issued in relation to either finance or health and wellbeing and legally enables a relative or representative to make decisions in the person's best interest as well as sign documents such as the support plan on the person's behalf

The provider did not always make sure the principles of the MCA were followed to help ensure care was being provided in the least restrictive manner possible and in the person's best interests. This was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People's support needs were assessed. The provider had completed an assessment of the person's care needs before they started receiving support which was used to develop the care plans.

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

- People's care plans indicated if they required support with preparing and/or eating meals but did not identify their food preferences.
- A relative confirmed the care workers prepared breakfast for their family member which was reflected in their care plan.

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

- People were supported to access healthcare services when required. The person's care plan included the contact information for their GP.
- Relatives confirmed they were responsible to arranging any healthcare support required for by their family member.

# 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.

This is the first inspection for this newly registered service. 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; Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect when they received care. Relatives told us they felt care workers provided care in a respectful manner and ensured the person's dignity was maintained. A relative explained the care workers ensured the curtains were closed when they provided support with personal care to maintain their privacy and dignity.
- A care worker explained how they supported the person whilst maintaining their privacy and dignity, "Treating people as an individual by giving them personalised service. Respecting their view's and choices and not making any assumptions. Respect people's privacy."
- People's religious beliefs and their gender were indicated in their care plan and the provider explained any specific requirements would be met.
- Relatives felt the staff were kind and caring when they provided support with a relative commenting, "They are really caring."
- People were supported to be as independent as possible. Relatives told us the care workers ensured their family member's care needs were supported but encouraged them to be as involved as possible with the daily living activities.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans did not always provide enough detail about people's individual needs or how they wanted their care provided. For example, one person's care plan indicated they required care workers to support them with a bath or shower. The care plan did not provide any information on how often the person should be supported with washing and what personal care support should be provided on days when the person did not have a bath or shower. There was also no specific information as to how the person wanted their care provided.
- The care plan for this person also indicated that care workers should support them with exercises directed by a physiotherapist but there was no information on the exercises or how often they should be completed.
- People's care plans indicated they should have a daily massage which was carried by care workers. The care plan did not provide any guidance on how this should be undertaken to reflect any specific needs of each person.
- The care plans did not identify how many visits were scheduled each day, when they should occur and there was no information on the support to be given during each visit. Therefore, care workers were not provided with enough information about people's needs, preferences and how they should be supported.

The provider did not always ensure care workers were provided with accurate and current information on people's support needs as well as their preferences. This meant care workers may not have always been able to provide care in a person-centred way. This was a breach of regulation 9 (Person Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Care workers completed a record of each visit by completing a tick list of care tasks and there was an option for them to record additional information using a free text section.

End of life care and support

- At the time of the inspection the provider was not providing end of life care for people.
- The provider told us a person's end of life wishes was not discussed with them or their relatives during the initial needs assessment or when the care plan was developed. We raised the issue with the provider who confirmed they would consider how this discussion could be recorded and any wishes identified.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get

information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's care plans identified if the person used verbal or non verbal communication.

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 were supported to maintain relationships as the care plans included a section about the person's background, family and what was important to them. This included details of any relatives and friends who were involved in their life, if they lived with anyone and any preferred? activities.
- At the time of the inspection people were not being supported by care workers to access activities outside their home.

Improving care quality in response to complaints or concerns

- The provider had developed a procedure for responding to and investigating complaints. At the time of the inspection the provider had not received any complaints.
- Relatives told us they had raised some concerns with the provider when their family members care visits started, and they were resolved.

# 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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

### Continuous learning and improving care

- The provider did not always have robust systems and processes in place to mitigate risks or monitor and improve the quality of the service.
- The quality assurance process developed by the provider to review care plans did not enable them to identify where additional information was required so that care plans were written in a person centred manner identifying people's care needs and how they wanted their support provided.
- The provider had not developed robust risk management processes and systems. They had not identified risks in relation to a person's health and wellbeing to enable risk management plans to be established so care workers had appropriate guidance.
- The registered manager confirmed they carried out regular spot checks on the quality of the care provided by care workers but they were unable to demonstrate this as they could not provide any records of these checks.
- The provider carried out reviews of people's current support needs but the information had not been transferred to the person's care plan. For example, the care plan for one person did not reflect the change in the number of care workers required for each visit which was changed at the last review of care needs. This meant the care plans did not reflect the current support needs of the person so enable care workers to meet their care needs appropriately.
- The registered manager explained they had regular contact with people receiving support and relatives to discuss the quality of the care provided but these discussions were not recorded. This meant that the provider could not monitor the feedback to identify any issues and where care had met the person's needs.

The provider did not have effective and robust quality assurance processes to monitor, assess and improve the quality of services people received. Risk was not managed to ensure care was always provided in a safe and effective manner. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 care workers, fully considering their equality characteristics

- Relatives and people receiving support were involved in the development of their care plans. Relatives told us they had met with the provider to discuss their family member's care and support needs and were involved in the development of their care plan.
- Care workers said they felt the service had a fair and open culture. Their comments included, "We work as a

team to support people in their daily routine so they can live normal life" and "Yes because they provide high quality care that's based around individual needs."

- The registered manager explained that people's cultural characteristics were identified and met by care workers. They said that as the number of people receiving support increased, they would ensure care workers were able to reflect people's cultural needs. Care workers spoke the same languages as the people they supported and this facilitated communication. A care worker commented, "My organisation fully support and respect every culture. There is no discrimination regarding culture."
- Relatives told us they were happy with the care their family member received. A relative said, "They have never left me without a care worker as care workers always turn up. They are very reliable, I am very happy."

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; Managers and care workers being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager demonstrated an understanding of the duty of candour in relation to the responsibilities of their role. They told us, "If anything is going wrong, we should make an action plan and listen to the service user and relatives and be unbiased and support the service users about their concerns."
- The registered manager understood the responsibilities and legal requirements of their role.
- The provider had a range of policies and procedures which were updated to reflect any changes in legislation or good practice.
- The relatives we spoke with confirmed they had regular contact with the registered manager, and they could provide feedback on the care their family member received.

Working in partnership with others

- The provider was not working in partnership with other organisations at the time of the inspection as they were limited on the number of people they were supporting. The provider told us that, as the number of people they support increased, they would identify other organisations they could work with to meet people's support needs.

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	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The provider did not ensure the care and treatment of service users was always appropriate, met with their needs and reflected their preferences.</p> <p>Regulation 9 (1)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>The provider did not act in accordance with the Mental Capacity Act 2005 as they did not ensure care was always provided in line with the principles of the Act.</p> <p>Regulation 11 (1)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The risks to health and safety of service users of receiving care and treatment were not assessed and the provider did not do all that was reasonably practicable to mitigate any such risks.</p> <p>The provider did not ensure the proper and safe management of medicines.</p> <p>The provider did not ensure appropriate infection control procedures were in place.</p>



Regulation 12 (1)

Regulated activity

Regulation

Personal care

Regulation 17 HSCA RA Regulations 2014 Good governance

The registered person did not have a system in place to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity

The registered person did not have appropriate checks in place to assess, monitor and mitigate the risks relating health, safety and welfare of services.

Regulation 17 (1)(2)

Regulated activity

Regulation

Personal care

Regulation 18 HSCA RA Regulations 2014 Staffing

The provider did not always ensure care workers had completed training identified as mandatory to confirm their skills were up to date. Care workers competency in relation to moving and handling and administration of medicines was not assessed to ensure they followed best practice.

Regulation 18