

MK Executive Care Services LTD

MK 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

About the service

MK Executive Care is a domiciliary care service, which provides personal care to children and older adults. At the time of the inspection 68 people were receiving care from the service.

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 consistently maintained oversight of the safety and quality of the service. The systems to monitor and handle safeguarding concerns and complaints were not effective, to ensure all people using the service were prevented from receiving unsafe care and treatment and avoidable harm or risk of harm.

Staff recruitment records contained the necessary pre-employment checks. There was enough staff to meet people's needs. Staff received induction training and refresher training to update their knowledge and skills. Where the provider held the responsibility, people's medicines were appropriately managed.

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.

Staff had access to and were using personal protective equipment (PPE) to prevent the spread of infection.

Why we inspected

We received concerns in relation to poor management of safeguarding incidents and complaints. As a result, we undertook a focused inspection to review the key questions of safe, responsive and well-led only.

The last rating for this service was good (report published 19 July 2019).

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for MK

Executive Care on our website at www.cqc.org.uk

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to the safety and management of the service at this inspection.

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

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 and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 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 ●

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 two inspectors.

Service and service type

MK Executive Care is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. The registered manager was also the nominated individual for the service. This meant they are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

The inspection was announced. We gave the service 48 hours' notice of the inspection. This was because we needed to be sure the registered manager would be available to support the inspection.

The inspection activity started on 2 December 2020, we visited the office location on 5 January 2021 and the inspection ended on 7 January 2021.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. Such as statutory notifications and other information received from the general public and partner agencies. We sought feedback from the local authority quality monitoring and safeguarding teams.

The provider was not asked to complete a provider information return prior to this inspection. This is

information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with the nominated individual who is also the registered manager for the service and is responsible for supervising the management of the service.

We spoke with four people who used the service and three relatives about their experience of the care provided. We spoke with six members of staff including the registered manager / nominated individual.

We reviewed safeguarding and complaint records and notifications received from the provider. We also reviewed information we had received from people using the service and the local safeguarding authority. We reviewed staff records in relation to recruitment, training and supervision and a variety of other records relating to the management of the service, including the safeguarding and complaints policies and procedures.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found.

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 requires improvement. At this inspection this key question has remained 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; Assessing risk, safety monitoring and management

- People told us the staff who attended their care on a regular basis were gentle, attentive and they felt safe in their care. Although some people said they felt less safe when new, inexperienced staff attended their care. One person said they had to tell a new member of staff not to sit them too close to the edge of the mattress as they feared they may fall, they said the staff member did listen when warned about this. Another person said the staff were sometimes clumsy when using the stand aid (moving and handling equipment). They described the staff sometimes tilted them out of the stand aid rather than allowing them to do this themselves. They compared this to feeling like "a sack on a trolley." Two people commented staff were sometimes "rough" when handling them, although they felt this was not out of any malice.
- Records showed that during 2020, most safeguarding concerns regarding the service had come to the attention of the Care Quality Commission (CQC), either directly from people using the service, their relatives or from the local safeguarding authority. Staff rough handling people had emerged as a common theme in the safeguarding concerns received.
- Feedback from the local safeguarding authority signified the registered manager was not always timely in reporting safeguarding incidents directly to them. The safeguarding authority also found the registered manager did not always respond timely to requests for further information towards statutory safeguarding investigations.
- Records showed that staff received training in safeguarding adults and children, most staff we spoke with confirmed they understood how to recognise signs of abuse and report any safeguarding concerns. However, one staff member said they were unaware of the whistleblowing procedures to report safeguarding concerns outside of the agency if needed.
- The provider's safeguarding audit for 2020 listed 20 safeguarding concerns had been received at the service. However, the audit had no details available to demonstrate the actions the provider had taken in response to the safeguarding concerns.

We found no evidence that people had been seriously harmed. However, the safeguarding systems were not effective to ensure all people using the service were prevented from receiving unsafe care and treatment and avoidable harm or risk of harm. This was in breach of Regulation 13: Safeguarding service users from abuse and improper treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- The staff training records evidenced staff received induction training and refresher training to update their knowledge and skills. They said their knowledge of moving and handling was kept up-to-date by completing refresher training. The registered manager said that whenever any concerns regarding poor moving and handling of people were received, they arranged for the staff members to complete refresher training and their moving and handling practice was observed to ensure the training was followed. However, when staff were asked about what they would do if they observed poor moving and handling practices, some said they would show their colleagues how to carry out moving and handling techniques properly, this gave some concern as to when unsafe moving and handling practices would be brought to the attention of the registered manager.
- The staff recruitment files we reviewed contained the necessary pre-employment checks, including references and Disclosure and Barring Service (DBS) checks. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.
- Staffing levels were appropriate to meet people's needs. People with higher dependency needs and those who required assistance with moving, told us two care staff always attend their calls.

Using medicines safely

- A medicines policy was in place. Where the provider took on the responsibility, people were supported to take their medicines as prescribed.
- Staff received medicines training to support people to take their medicines in line with their preferences.
- The medication administration records (MAR) we reviewed were completed correctly. They were checked during staff spot check visits and audited monthly.

Preventing and controlling infection

- Staff said they received training on infection prevention and control, including COVID-19 during the pandemic. They were able to correctly explain the procedures they would follow to help control and prevent the spread of infection when providing care to people.
- Staff said they were provided with sufficient supplies of personal protective equipment (PPE).
- Staff said they were kept updated about the latest government guidance through a private social media group.
- The provider was accessing COVID-19 testing for people using the service and staff to prevent and manage the transmission of COVID-19. Staff said they had recently been tested at the local COVID-19 testing station.

Learning lessons when things go wrong

- The minutes of staff meetings showed safeguarding incidents and complaints were shared with the staff team to promote learning. However, the provider did not have robust safeguarding processes in place to ensure continuous scrutiny and oversight of the service.
- Staff confirmed there had been improvements in being given time to read people's care plans on the electronic system. They also confirmed call times had been reviewed to ensure travel time was factored in.

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 as good. At this inspection this key question has now deteriorated to requires improvement. This meant people's needs were not always met.

Improving care quality in response to complaints or concerns

- People and relatives we spoke with said the registered manager was approachable. Although, one person said they had complained about a number of issues including untimely calls, and receiving either cold or burnt meals, The registered manager responded to the person they could not do any more about these issues, which did not satisfy the person. On review of the complaints log, there was no record of this person's complaint being received. One relative said they were still waiting on a written response from the registered manager five weeks after raising their complaint and they took the decision to raise their complaint directly with the local safeguarding authority.
- The registered manager had not used complaints to identify potential abuse or to escalate any safeguarding concerns. For example, the complaint log listed 10 complaints, which had all been resolved internally. However, on review of the log we found one complaint raised safeguarding concerns and following the inspection, we raised a safeguarding alert with the local safeguarding authority.
- The complaint logs did not provide sufficient information to demonstrate the complaints procedure was followed.

The provider had not operated effective systems for identifying, receiving, handling and responding to complaints. This was in breach of Regulation 16: Receiving and acting on complaints of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People told us they felt involved in planning their care and regular staff knew how they wanted their care provided. This was also evidenced in written feedback from people using the service. For example, some people had asked for changes in their call times and alternative call times were arranged with them.

End of life care and support

- The service was not supporting anyone with end of life care at the time of the inspection. Staff confirmed they had received end of life training, however one staff member said they would welcome refresher training in this area in the event this care was to be required.

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.

- The registered manager understood the accessible information standard and information was available for children with learning disabilities in easy read formats.

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 good. At this inspection this key question has now deteriorated to 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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 governance, and auditing systems were not effective to continuously monitor, evaluate and drive improvement at the service. For example, the safeguarding audit tool gave no information on the details of the safeguarding incidents or the actions taken by the registered manager in response. In addition, the recording and monitoring of complaints was not effective in identifying and escalating potential safeguarding concerns.
- The registered manager understood the requirements of the duty of candour and their responsibility to be open and transparent with people who raised concerns or complaints. We saw examples of letters of apology sent to people in response to concerns they had raised.
- The registered manager knew it was their responsibility to ensure notifications of serious incidents, including incidents of abuse and alleged abuse were submitted to CQC without delay. However, on review of records and other information held, we found instances when CQC had not been notified of safeguarding concerns and long delays in CQC being notified. In addition, we regularly had to obtain further information from the registered manager due to notifications submitted to CQC, which lacked vital information.

The auditing of the quality and safety of the service was ineffective, which had the potential to place people at risk of harm. This was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Continuous learning and improving care; Working in partnership with others; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager worked alongside care staff in attending to people's personal care calls. They said working through the current pandemic had been very challenging for the whole staff team. Some tasks had been delegated within the management team, however we found delays in responding to requests for information impacted on the confidence placed in the registered manager to effectively manage the service, and continuously achieve good outcomes for people using the service.

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

- Spot checks and quality monitoring was completed to review the care people received and offer people

the opportunity to discuss their experience of using the service.

- Staff told us they received regular supervision and spot checks and they felt well supported by the management team. One staff member said, "[Registered manager] is always available to contact if you need them." The registered manager used social media via a private group chat to ensure information was shared with staff on any changes to people's care as face to face meetings were limited during the Coronavirus pandemic.

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 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>The safeguarding systems were not effective to ensure all people using the service were prevented from receiving unsafe care and treatment and avoidable harm or risk of harm.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints</p> <p>Effective systems were not operated for identifying, receiving, handling and responding to complaints.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The managerial oversight and auditing of the quality and safety of the service was ineffective.</p>