

MIC Healthcare Solutions Limited

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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

MIC Healthcare Solutions is a domiciliary care service providing personal care to people who live in their own homes. The service supported 10 people at the time of this inspection.

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

We found that the registered managers had not ensured that people had detailed and robust risk assessments, outlining the risks and the potential risks which they faced each day. This information would assist the registered managers in managing people's needs and guiding staff about what they needed to do, in order to promote people's safety.

A safeguarding event had taken place which highlighted that potentially a person and others were at risk of experiencing harm. Although the registered managers had taken action, their actions fell short at fully promoting people's safety. Time was not given to see what could be done differently and if lessons could be learnt for the future. Staff knowledge in how to protect people from abuse and harm needed improving.

Staff recruitment checks were not fully completed to check people were safe around staff. The registered managers and nominated individual (the nominated individual is responsible for supervising the management of the service on behalf of the provider), had not completed robust audits and checks on the service. There were also shortfalls in the registered person's knowledge about elements of providing high quality care.

People's assessments, care plans, reviews, and end of life plans lacked details about how people's care should be delivered. They were also not always personal to individuals.

We recommended the provider sought guidance about improving these documents.

The registered managers were not completing full competency checks on staff and providing support in terms of regular supervisions and team meetings.

Staff spoke positively about the registered managers. They felt they were responsive and were always at hand if they needed guidance. Staff felt the training and their inductions to their work prepared them well to do their jobs. Staff said they had time to spend with people and enough travel time to generally visit people on time.

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.

People spoke positively of the staff who supported them. They told us that staff were kind and caring and polite. People and their relatives told us that they would recommend the service to others, and one person had. People said they saw regular staff at times they were happy with. People told us staff promoted their privacy and respected their homes. People did not feel rushed when staff supported them. Some people felt connected to the staff who supported them. Relatives told us that staff kept them informed and involved as appropriate.

Rating at last inspection

This service was registered with us on 23 August 2018 and this is the first inspection.

Why we inspected

This was a planned inspection based on the date of registration with CQC.

We have identified a breach in the governance of the service. In relation to managing people's safety and the lack of systems to enable the registered managers and the provider to effectively monitor and test the quality of the service.

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

Follow up

We will request an action plan for the provider to understand what they will do to improve the systems to assess the quality of the service and promote people's safety. We will continue to monitor information we receive about the service until we 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 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 ●

MIC Healthcare Solutions

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

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

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

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.

What we did before the inspection

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 sought the views of local authorities who used this service. We used information the service must send us about people's care called statutory notifications. We used all of this information to plan our inspection.

During the inspection-

We spoke with four people who used the service and four relatives about their experiences of the care

provided. We spoke with three members of staff and the two registered managers. We reviewed the care records of four people who used the service and the personnel files of three members of staff. We also reviewed a variety of records relating to the management of the service including audits.

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 for this newly registered service. This key question has been rated Requires Improvement. This meant some aspects of the service were not always as safe as it should be.

Assessing risk, safety monitoring and management

- The two registered managers had not ensured that people had detailed and robust risk assessments. Risk assessments were incomplete. Key risks related to people's health, environments, and social situations had not been explored by the registered managers during an assessment or a review of people's needs.
- One assessment was detailed and explored the risks which a person faced. This was for the first person who started using the service. However, the registered managers had moved away from this model of assessment. We spoke with the registered managers about this, who told us they would gain some guidance about risk assessments and re-write these.
- When an incident effecting a person's safety took place the registered managers did not review this incident to see if lessons could be learnt for the future.
- There was an emergency business plan in place. However, this lacked some practical information such as who are the most vulnerable people they supported, Telephone numbers for agencies which could be called upon if there was a shortage of staff. There was no evidence that this plan was being reviewed and shared with senior staff.
- People told us they felt safe and secure around the staff who supported them. One person said, "Yes I do [feel safe with staff]." Another person's relative said, "I do feel confident with staff."

Systems and processes to safeguard people from the risk of abuse

- Systems were not in place to try and protect people from potential abuse.
- An allegation of harm had been made by a person. One of the registered managers completed an investigation. They had directed the person to the police, but they had not taken other actions to protect the person, such as consult with the local authority safeguarding team and review this person's risk assessment. There was also a delay in staff reporting this allegation. Staff had not seen this as a potential safeguarding matter.
- Staff did not all know who they could report safeguarding concerns to outside of the service.

Staffing and recruitment

- The registered managers had not ensured that new staff had full completed employment histories, with any gaps explained.
- The registered managers were completing other recruitment checks. Such as obtaining referees and checking staff had disclosure and barring service (DBS) checks in place.
- There was enough staff to support people. People also told us that they did not feel rushed and staff stayed their allotted time. Staff told us they had plenty of time to get to see people. They said they were under no pressure to not stay if more support was needed. One person's family member said, "They [staff]

don't clock watch."

Using medicines safely

- The registered managers had implemented systems to ensure people received their medicines as prescribed.
- Staff were clear about what these systems were and told us how they followed them. People told us staff supported them to have their medicines.

Preventing and controlling infection

- People told us that staff wore aprons and gloves when they supported them or prepared them food. One person said, "They [staff] change their gloves as they support me."
- Staff told us what they did to promote hygiene and prevent infection when supporting people.

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 was not always well managed by the service.

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

- The registered managers had not consistently assessed people's needs in a holistic way. With the exception of one person's assessment the remaining people's assessments were basic and lacked personal details.
- Best practice guidance for staff to follow in relation to catheter care and supporting people to transfer with the use of equipment was not present in everyone's assessments and care plans, where this was relevant. Although, staff could tell us what good practice looked like in relation to catheter care and supporting people to use equipment to help them transfer, from one place to another.

Staff support: induction, training, skills and experience

- The registered managers were not recording the competency checks they completed to see if new staff were capable to work more independently after their inductions to their work had ended.
- They were however, recording general competency checks on staff after this point. But these records did not consistently evidence what they had seen and how the member of staff was effective in their work.
- Staff were not receiving supervisions or appraisals of their work. Team meetings were not organised to support staff and promote staff knowledge and their involvement with the service. The registered managers recognised this shortfall and said they would address this moving forward.
- Despite this, staff said they felt supported by the registered managers when they needed advice.
- Training was provided in key areas, but training was not always provided to meet people's specific needs, for example certain medical conditions.
- Staff spoke positively about their inductions to their work. One member of staff told us, "It was very useful in giving you a good overview of what basic good care looks like." One person's relative said, "They [staff] know [family member's] needs well because they [registered managers] have a buddy system to show new staff what is required. No one goes in cold."

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.

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 registered managers had asked people's permission to share information with professionals and agencies. However, they had not asked people if they gave consent to share their information or concerns with the local authority and social services.
- Staff told us how they ensured people gave consent to support them with their personal care.
- People confirmed this and told us they directed staff about what to do.

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

- Staff told us how they prepared people's food and drinks. They told us they ensured people had what they wanted to eat and drink, from what was available.
- One relative told us, "They [staff] will get milk if [family member] is running low, and the manager texts me if food is running low. They [registered manager] told me [family member] was using more milk, so I get more now."

Staff working with other agencies to provide consistent, effective, timely care

- The registered managers told us how they had referred recently to the local authority when they had concerns about a person's needs changing. This was a timely referral to promote this person's safety.

Supporting people to live healthier lives, access healthcare services and support

- People told us that staff had asked them to call their GP when they were unwell, or staff had identified a potential health issue. People were confident staff would call for help if they needed to. One person said, "Yes they [staff] would, they have done it once."
- One person told us how they had benefited from the fact the registered managers were nurses, when they needed direct support and advice over a weekend. This person also said, "They told me to also call the GP on Monday for a check over, which I did, I probably wouldn't of, but I did."

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

- People all told us that staff were caring and kind. One person said, "Absolutely brilliant. They [staff] are carers by name and nature." Another person said, "They [staff] are lovely people." A further person said, "I would recommend the service, and I have done."
- A person's relative told us, "There are certain ones [staff] who I really like, but they [staff] are all very good...I would recommend the service." A further person's relative told us, "I really do feel they [staff and registered managers] care."
- People and their relatives felt certain staff cared about their well-being. People told us staff took action when they were concerned about their health.

Respecting and promoting people's privacy, dignity and independence

- People told us that staff were respectful of their homes and they treated them personally with dignity. One person said, "Oh yeah, very much so." Another person said, "Absolutely, staff are very polite."
- Staff told us how they promoted people's dignity. Staff talked about spending time with people at the start of each care visit. Asking them what they wanted them to do to help them.
- One person told us that when their friends visited them, staff were respectful of this, discreet and gave them time with their friends.

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

- People said they felt involved in their day to day care.

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 or there was a risk they may not be met by staff and the registered managers.

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

- People did not have assessments and reviews, which were personal to them, exploring their preferences, wishes, interests and backgrounds. To enable staff to get to know people and the registered managers to promote personalised care.
- Despite this people said they received person centred care. People told us with the odd exception they received care visits on time and at times they had agreed. One person said, "You could almost set the time, by the [staff] coming." When care visits were late, people told us there was an explanation and it did not happen often. The registered managers were purchasing an electronic system to alert them if a member of staff was late. So, they could then investigate it and call the person.
- People and their relatives also told us that they had a regular group of staff who supported them and who knew them.

End of life care and support

- The registered managers and staff had supported and were supporting some people who were at the end of their lives. However, the planning for this part of their lives was not sufficient to help ensure people's emotional needs, wellbeing, and wishes were met. This information was not being captured and explored with people or their relatives.
- Training had not been provided for staff to meet people's needs at this time.
- People's care plans did not reflect the relevant health care professionals involved in people's care. The plans were also not clear about how staff should support people with pain management. The registered managers told us they were aware this information should be included in people's care plans.

We recommended to the provider and registered managers that they sought appropriate advice about improving their practices in relation to completing assessments and reviews of people's needs.

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 managers had not ensured this information was routinely being captured at people's assessments.

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 said they felt connected to the regular staff who supported them. One person said, "Oh we have a laugh, once you know them [staff], you know how to pull their leg. They [staff] treat me well." One person's relative said, "My [family member] has a good sense of humour and they [staff] really do go along with that."

Improving care quality in response to complaints or concerns

- The registered managers had a complaints process in place. This included directing people to outside organisations such as the local ombudsman if they were not happy with the outcome of the complaint.
- There had been no formal complaints made to the registered managers.

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 management of the service did not have effective systems to monitor the quality of the care provided.

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

- The registered managers and the nominated individual did not have robust systems in place to promote the quality of care provided. Risk assessments were incomplete. Meaningful reviews of people's care by the registered managers was not taking place. There were shortfalls in how staff and the registered managers had dealt with and were dealing with a potential safeguarding risk and event.
- The registered managers and nominated individual had not completed meaningful and effective audits of the service. As these issues were not identified. The registered managers lacked an understanding of what they needed to be looking for in terms of assessments, care plans, end of life plans, and reviews.
- When audits were taking place, these audits lacked information. For example, when errors in recordings were found in a person's medication chart, no action was recorded as to what the auditor did about it.
- There was a lack of robust oversight to assess the quality of the service and make improvement plans.
- These issues had the potential to have a negative impact on people, especially as the registered managers wanted the service to grow.

We found no evidence that people had been harmed however, systems were either not in place or not robust enough to enable the provider to test the care provided and respond to shortfalls. This placed people at potential risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered managers had a good knowledge about what they must notify us about.
- Staff had a good understanding about their roles. But their understanding about safeguarding people from abuse was not always complete.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered managers had created a positive culture. People felt staff provided good care to them. Their relatives agreed. People felt safe with staff, satisfied and confident in their abilities, and generally said they enjoyed their company.

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 managers were aware of this and the importance of this.

- During the inspection they were open and reflective to the issues we raised. They told us that they would make the required improvements.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The registered managers had not created links with the community or other organisations. They told us that they were aware they needed to do this. They were devising plans to work with other providers and with the NHS and local authority.
- Staff were not being involved in the development of the service.

Continuous learning and improving care

- The registered managers and the nominated individual had not developed a culture of continuous learning. They became aware of this need during the inspection process. They needed to improve their own knowledge and understanding in key areas of their work,

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 17 HSCA RA Regulations 2014 Good governance Regulation 17 HSCA RA Regulations 2014 Good governance Regulation 17 HSCA 2008 (RA) Regulations 2014: Well Led. There was a lack of effective systems to ensure quality care was always provided. Regulation 17 (1) and (2) (a) (b) (c) (f)