

Bago Limited

Midsummer Court

Inspection report

314 Midsummer court
Midsummer Boulevard
Milton Keynes
MK9 2UB

Tel: 07956714860
Website: www.bagolimited.co.uk

Date of inspection visit:
22 October 2019
24 October 2019

Date of publication:
19 November 2019

Ratings

Overall rating for this service

Requires Improvement 

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?

Requires Improvement 

Summary of findings

Overall summary

About the service:

Midsummer Court is a domiciliary care agency. It provides personal care to people living in their own homes.

At the time of our inspection, three people were using the service.

People's experience of using this service:

Staff were administering medicines without recording the information accurately. Medicines were being administered to people, but records of this were not kept.

Risk assessments were in place to manage risks in people's lives, although some needed further detail. Audits and checks were not always recorded, so we could not be sure when and how many checks were being made on records.

People and relatives told us they felt safe care was delivered by staff. Staff had a good understanding of safeguarding procedures and how to report abuse.

Staff recruitment procedures ensured that appropriate pre-employment checks were carried out. People told us that staff arrived on time, and they received the consistent support they needed.

Staff were trained to support people effectively and staff were supervised and felt confident providing care to people.

When needed, people were supported by staff to prepare food. People had support with healthcare arrangements.

People's consent was gained before any care was provided, and they were supported to have maximum choice and control of their lives. Staff treated people with kindness, dignity and respect and spent time getting to know them.

People were supported in the least restrictive way possible. Care was personalised to each individual, and people and their relatives had a good relationship with staff.

People and their family were involved in their own care planning as much as possible and an effective complaints system was in place.

The registered manager was open and honest. The service had a registered manager in place, and staff felt well supported by them.

Why we inspected:

This service was registered with us on 20 July 2018 and this is the first inspection.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our inspection programme. If any concerning information is received, we may inspect sooner.

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

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 not always well-led.
Details are in our well-Led findings below.

Requires Improvement ●

Midsummer Court

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by one inspector.

Service and service type:

Midsummer Court provides personal care to people living in their own houses and flats and provides a service to older adults.

The service had a manager registered with the Care Quality Commission. This means 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:

The inspection was announced. We gave the provider 48 hours' notice because the location provides a domiciliary care service and we needed to be sure someone was available. The inspection started on 22 October 2019 by visiting the office location to review records, policies and procedures. We made telephone calls to people using the service and staff members on 24 October 2019.

What we did:

We looked information received from the provider, such as statutory notifications about events the provider must notify us about. 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 took all the information into account when we inspected the service and making the judgements in this report.

During our inspection we spoke with one person using the service, one staff member, the registered manager and the provider. We reviewed the care records for three people using the service, and other records relating to the management oversight of the service. These included staff recruitment files, staff training, supervision records, and policies and procedures.

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 safe and there was limited assurance about safety. There was an increased risk that people could be harmed

Using medicines safely

- Staff were supporting people with the administration of medicines but were not recording this on medication administration records (MAR). We found that staff were administering medicines in both tablet and cream forms, without using any MAR.
- This meant that people were not being safely supported with the administration of medicines, as records were not being accurately kept. The registered manager informed us that MAR would be implemented for all prescribed medicines immediately.

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

- People we spoke with told us they felt staff managed their medicines safely, and did not have any concerns in this area.

Assessing risk, safety monitoring and management

- We found that more detail needed to be added to some risk assessments. One person was assessed as being 'not steady on their feet', but this information was not examined further to develop relevant personal and environmental risk assessments. The registered manager informed us the person was at very low risk of falls and mobilised safely, but would update risk assessments to reflect any possible risks around their mobility.
- Other risk assessments were in place and were reviewed regularly. Staff we spoke with felt able to safely support people in their homes and understood the risk assessments in place.

Systems and processes to safeguard people from the risk of abuse

- People felt safely supported by staff. One person said, "I feel very safely supported, I have had no trouble with them [staff] at all."
- Staff confirmed they received safeguarding training and were knowledgeable about the different types of abuse and how to report any concerns.
- The service was new, and had not had to raise any safeguarding alerts. The registered manager was knowledgeable about the requirement to raise safeguarding alerts with the local authority and the Care Quality Commission as needed.

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.
- There was no electronic logging system in place to monitor staff. The service was very small, and only had two care staff at the time of inspection. The registered manager and provider regularly drove staff members to care visits, so were able to keep check on the timings of the calls. The registered manager said that an electronic call system would be used when the service grew in size.

Preventing and controlling infection

- Staff were provided with personal protective equipment to prevent the spread of infection, and also received training to prevent the risk of infection.
- People we spoke with told us staff used the appropriate equipment when providing care to them.

Learning lessons when things go wrong

- The service was small and new, and no accidents and incidents had taken place. The registered manager said that all incidents would be recorded and monitored, and action would be taken to address any identified concerns.
- The registered manager regularly visited people and monitored staff, to pick up on any required improvements, and took prompt actions as required.

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 Good. 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's needs were fully assessed before any care was agreed and delivered. This ensured there was sufficiently trained staff to provide the care and support required.
- The registered manager and staff used recognised good practice and guidance to ensure that people's care was provided appropriately.

Staff support: induction, training, skills and experience

- Staff received the basic training that was required for care, and this was monitored by management.
- The registered manager was aware of the need to ensure any specialist training was provided to staff, who may need to support people with any specialist needs such as catheter care, or any other healthcare requirements.
- Staff confirmed they had received an induction training package which involved meeting people receiving care alongside the registered manager, and undertaking basic training courses such as safeguarding and manual handling.
- Staff were regularly supported with supervision and spot checks, and felt able to contact management at any time.

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

- Where needed, staff supported people to prepare food and drinks.
- Most people required minimal support in this area, and staff understood how to support them. Records reflected how people should be assisted with food preparation.

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

- Staff and the registered manager understood people's healthcare requirements, and were knowledgeable about any current treatments people had.
- Care plans contained information about people's health conditions, and how staff should support them.
- Minimal support was needed regarding contact with other health professionals, but the registered manager was from a healthcare background, and understood the requirement to build positive relationships with other services when required.

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.

- Systems were implemented to ensure that people's capacity was assessed, and records kept of decisions made in their best interest.
- Staff understood the importance of seeking consent from people. People were supported in the least restrictive way possible.

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 had good relationships with staff. One person said, "I'm very happy. I see the same staff and know them well. They have been very kind to me any family, very obliging, I would recommend them to anyone."
- Staff felt able to provide good care, because they had the time they needed to get to know people, and were providing their care consistently. One staff member said, "It is a small service, so I know all the people. I visit the same people regularly and get to know them well."
- Care plans were written in a way that enabled staff to understand people's personal needs, and provide care in a personalised manner. This included information on each person's family relationships and personal history.

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

- People and their family were able to express their preferences. The registered manager told us they had good relationships with people and their relatives, and regularly met with them to ensure people's needs were met.
- The person we spoke with confirmed they were regularly consulted and asked for their views on the care provided.
- Care plans were regularly updated as required, and were completed alongside people and their families, taking in to consideration their personal wishes.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was always respected. One person confirmed that staff were always respectful and considered their privacy whilst providing care at all times.
- People's information was stored securely within an office, and staff were aware of keeping people's personal information secure.

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 Good. 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

- Staff and management knew people well, understood their likes and dislikes, and provided personalised care. We saw written feedback from a person saying, "I feel they [staff] are an important player in my recovery. They are trustworthy, approachable, and more importantly, reliable."
- The registered manager told us that although the service was new, they had already been able to see positive changes in people after the care they had received. The registered manager said, "We have encouraged independence with medicines and self care, [name] is more alert and happier. They used to take a long time to get out of bed, but now they are more mobile. It has meant they have stayed out of hospital now, and are more motivated."
- Staff completed daily notes detailing the care given after each visit, this included information related to the person's health and well-being as well as specific tasks completed on the visit.

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 was aware of the requirement to provide people with accessible information, but had not needed to do so for any of the people receiving support or their families.

Improving care quality in response to complaints or concerns

- A complaints policy and procedure was in place. At the time of inspection, no recent complaints had been made. The system in place ensured that all complaints would be recorded and responded to promptly.
- People told us they had not had to make any complaints, but they were happy and comfortable to talk to management if required.

End of life care and support

- At the time of inspection, no end of life care was being delivered. The registered manager was aware of what was required to support people who may need to receive end of life care.

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. A regulation was not met.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Records did not always evidence that checks had taken place, or the actions taken when required. The registered manager told us that checks were carried out on daily notes and other staff recording such as food and fluid intake charts. There was no evidence to show when and how often these checks had taken place. The registered manager told us they would immediately start making records to evidence these checks took place.
- Regulatory requirements were not always met. Staff, including the registered manager, were administering medicines without recording this properly. The registered manager was not aware of the requirement to record this information accurately.
- Staff were clear about their roles and understood what was required of them.

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

- The person we spoke with told us they thought the service was well run and had regular contact with the registered manager.
- The staff we spoke with felt well supported and able to achieve good outcomes for people. One staff member said, "The registered manager is excellent, there is an open door policy at the office. Management are very helpful and knowledgeable about the people and the care."

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 understood their role and responsibilities to ensure notifiable incidents were reported to the appropriate authorities if required. They understood the duty of candour responsibility. This is a set of expectations about being open and transparent when things go wrong. No incidents had met the criteria for the duty of candour.
- Staff knew how to 'whistle-blow' and raise concerns with the local authority and CQC if they felt they were not being listened to or their concerns acted on.

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

- There were no formal feedback systems in place, however, people were able to feedback about the service to the staff or the registered manager directly. People told us they often saw the registered manager and

updated them on their care, and raise any issues they might have. The registered manager told us that a questionnaire would be introduced to enable people to feedback anonymously if they wanted to.

- Staff meetings were held to discuss current issues and update them about people's care. Staff told us they were kept up to date with relevant information, and able to contribute to the running of the service.

Working in partnership with others

- The service was small and new, and the registered manager had not had been required to develop regular links with outside professionals involved in people's care. The registered manager had liaised with hospital staff and people's relatives when required, when a person had been in hospital and was returning home.

- The registered manager told us they hoped to grow the service and provide care to more people, and was aware of the need to develop relationships with the local authority and other professionals to ensure their growth was sustainable.

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 12 HSCA RA Regulations 2014 Safe care and treatment Staff were administering medicines with out appropriately recording the information. Medication administration records were not being used.