

MK Executive Care Services LTD

# MK Executive Care Midlands

## Inspection report

Office 4, Security House  
Paper Mill End, Great Barr  
Birmingham  
B44 8NH

Tel: 07931359586  
Website: [www.mkexecutivecare.co.uk](http://www.mkexecutivecare.co.uk)

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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?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

MK Executive Care is a domiciliary type service providing care and support to people in their own homes. At the time of the inspection nine 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

Risks to people were not always assessed and people's care records lacked details about their care needs and how these needs should be met.

The provider's audits did not identify where improvements were needed so regulations were met. It was not clear how findings from audits were used to improve the service.

People received their medicines as prescribed although records did not always detail how this support should be given by staff or detail risks in relation to medicines.

People told us they were treated well by kind and caring staff. Staff told us they were well supported in their role and had received training to carry out their role effectively.

Staff knew how to recognise signs of abuse. People were involved in decisions about their care.

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 is the first rating of this service. The service was registered with us on 13 May 2020.

Why we inspected

This was a planned inspection as the service had not previously received a rating.

Enforcement

We have identified breaches in relation to safe care and governance at this inspection. 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 for 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.

## 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 not always caring.

Details are in our caring 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 Midlands

## 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.

#### This service 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. 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. The registered manager was also the provider / nominated individual and is responsible for supervising the management of the service.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure someone would be in the office to support the inspection.

We visited the office location on 28 October and carried out telephone calls to people, staff and relatives on 27 October and 01 November 2021.

The provider who was also the registered manager was away when we inspected the service. The provider had a representative who knew the service well who supported the inspection process.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority commissioners who work with the service. The provider was requested to complete

the Provider Information Return. This is information providers are required to send us with key information about the service, what it does well and improvements they plan to make. This information helps support our inspections. We used all this information to help plan our inspection.

#### During the inspection

We spoke with two people who used the service and five relatives about their experience of the care provided. We spoke with two support workers, the office administrator and the provider's representative.

We reviewed a range of records. This included four people's care records and medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found and we spoke with another relative. We looked at further policies and procedures and care records. The provider and registered manager were away when we inspected so we provided feedback to them on 11 November 2021.



# 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.

Assessing risk, safety monitoring and management; using medicines safely

- Measures were not always in place to mitigate known risks to people. For example, where bed rails were in use, an assessment had not been completed to include if the use of these were appropriate for the person and to assess the rails were used safely.
- Some people faced risks because of a known health condition, for example, diabetes. There was no detail in care plans about how this may present and what signs staff would need to be aware of if the person was becoming unwell.
- For people living with dementia the care plan did not include how staff should support the person if they became unsettled, for example possible triggers and distraction techniques.
- Some people were at risk of developing sore skin. Care records did not detail what was in place to mitigate the risk and what checks staff should do so any changes in a person skin were promptly identified and responded to.
- Records in place to support the safe administration of medication did not include people's individual risks. For example, the level of support people needed to take their medicine safely and how this would be provided by staff. Also, the side effects and risks of some prescribed medicines were not recorded.

We found no evidence that people had been harmed. However, systems in place did not ensure people would be kept safe from all risks. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We received positive feedback from people and their relatives about the care they received. A relative told us, "We are happy with [persons name] care and yes they are safe."
- Staff had received medication training and checks of their competency to administer medicines safely had been completed.

The provider told us they would take action on the concerns identified and improve people's documentation in relation to risk.

Systems and processes to safeguard people from the risk of abuse

- Safeguarding systems and processes were in place to protect people from harm or abuse.
- Staff had received safeguarding training. Staff told us they would report any concerns they had to the management team and were confident any concerns raised would be dealt with. A staff member told us, "If I had any concerns or something wasn't right, I would tell the manager straight away and I am confident they would deal with it and report it to safeguarding."

- The provider was aware of their responsibility to report safeguarding concerns to relevant organisations including the local authority and CQC.

#### Staffing and recruitment

- There were some gaps in the work history of newly recruited staff. The provider took immediate action and this information was sent to us after our visit.
- Required checks on staffs suitability for the role had been completed before they commenced employment.
- The provider had recently introduced an electronic call monitoring system. The provider told us there had been some teething problems and these were being addressed. Most people told us staff were very reliable and stayed for the required time. One person told us, "Staff are reliable. They [staff] turn up on time and stay for the time they are supposed to stay." A relative told us, "There were a few minor problems at first and we got them sorted and we are really pleased with everything now and the staff have been very reliable." Concerns raised by a relative about late and missed calls were being investigated at the time of writing this report.

#### Preventing and controlling infection

- People confirmed staff followed infection control procedures and used personal protective equipment (PPE), such as gloves, aprons and face masks whilst providing care and support.
- Staff told us they were provided with sufficient supplies of personal protective equipment (PPE) and we saw ample supplies were stored at the providers office.
- The provider accessed regular COVID-19 testing for staff to prevent and manage the transmission of COVID-19.

#### Learning lessons when things go wrong

- There had been no accidents or incidents so systems in place to analyse these had not been developed. Staff meeting minutes did not indicate that learning and sharing of good practice were part of these meetings.

# 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.

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

- Pre-assessment documentation was completed by the provider to assess if the service could meet people's needs. However, some of the information was not detailed. For example, detail about people's health conditions.
- Care plans were developed from the pre-assessment documentation. However, because the pre-assessment documentation was not always detailed this meant that care plan did not always reflect people's known care needs. This meant people were at risk of not receiving care in line with standards, guidance and the law.
- The provider told us they were working to improve the detail of information in people's care records.

Staff support: induction, training, skills and experience

- Staff told us they received induction and ongoing training.
- Records showed that specialist training had been provided including catheter care and diabetes.
- Staff told us they received moving and handling training and new staff worked shadow shifts with more experienced staff to gain knowledge and experience.
- Spot checks took place so managers could monitor that staff were providing care for people according to their needs.
- Relatives told us staff knew what they were doing and were well trained. A relative told us, "They [staff] are very good and know what they are doing. If a new member of staff is starting [managers name] will introduce them and go through everything that needs doing."

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

- Records did not include all the information about people's nutritional needs. For example, where a person required a soft diet, there was no detail about this and also how the person should be supported to eat safely. However, staff were aware of the person's needs.
- One person told us, "The staff get me a snack and they always do my drink just how I like it." A relative told us, "The staff are fine, but they are not very good cooks, so they prepare a snack or sandwich and that is fine."

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

- Staff told us they called the family and if necessary, the medical emergency services if a person was unwell or they had any concerns. Staff also said they would report any concerns to the office



- A relative told us,"The staff are good and will let us know straight away if they have any concerns about [person's name] or they have noticed a change."

#### Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The provider was aware of their responsibilities regarding the Deprivation of Liberty Safeguards.
- Staff were able to tell us how they asked for people's consent to care.
- Care records contained information in relation to people's capacity.
- People we spoke with confirmed that staff explained what they were doing and asked for their consent.

# 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 requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity

- Most people and their relatives were happy with the care provided. However, concerns about late, shortened and missed calls for one person were being investigated by the provider. The concerns had also been shared with CQC.
- Staff had developed respectful relationships with people and their relatives. One person told us, "The staff are very kind and caring I really cannot fault them."
- Staff had received training in Equality and Diversity and understood the importance of meeting people's diverse needs in relation to race, disability, sexuality, sexual orientation and religion.

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

- People told us they were involved in decisions about their care and their preferences were respected. One person told us, "The staff always ask me what I need, and they explain what they are doing."
- A relative told us, "They [managers] do ring up and ask how things are going." Another relative told us there was a lot of contact when their family member first started using the service, but there hadn't been much contact recently. Another relative told us that communication from the provider had not been very good.

Respecting and promoting people's privacy, dignity and independence

- People told us staff were kind and their privacy and dignity was promoted during personal care.
- People told us they knew the staff who supported them and they mainly had the same staff. One person told us when a new staff member started, they were always introduced to them by one of the managers.
- Staff told us they enjoyed their role and understood people's care and support needs.
- Relatives told us their loved ones were treated with dignity and respect.

# 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; end of life care and support

- People's care records gave some information about people's needs and preferences but lacked detail. For example, they described a care or health care need but lacked detail about how the need should be monitored and met.
- People's oral care needs were mentioned in care records, but the plans gave no personalised details as to what individualised support people needed to maintain good oral care.
- People spoke positively about the support they received from staff. One person told us, "I have been impressed with the staff. They [staff] are very careful how they do things and very polite. I only have to explain once how I like something done and they do it, just as I asked, they are spot on."
- A relative told us, "There were a few tweaks at the beginning, but things are going really well. We are pleased. The staff understand [person's name] needs and they are looking really well. Their physical well-being has improved since this care agency have been involved."
- At the time of inspection, no one using the service required end of life care support. End of life care was not included in the care planning or review process. This was an area which could be strengthened so people and their relatives/friends could be supported to discuss any wishes or preferences in this area.

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 management team confirmed information could be made available to people in other formats, such as easy read or large format, as required.

Improving care quality in response to complaints or concerns

- The provider had policies in place to respond to concerns or complaints.
- A complaint was being investigated at the time of our inspection.
- Relatives told us if they were not happy about anything, they would contact the provider. A relative told us, "I contact [ providers name] if I need to ask anything. You just let them know and they sort any queries out."



# 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-centered 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.

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

- The provider had some systems in place to monitor, evaluate and drive improvements at the service. However, these systems were not always effective.
- The system had not identified that risk assessments were not always in place to manage and mitigate risks to people.
- The systems in place had not identified that care records lacked information about people's care need and how their needs would be met effectively.
- Audits of staff recruitment files had not identified that a full work history had not always been provided prior to staff being appointed.
- The pre- assessment process was not always detailed and did not fully identify people's care needs prior to the care package commencing.
- The provider completed some audits and checks. However, it was not clear what the out come of these checks were and what areas had been identified for improvement.
- The provider information return (PIR) had been completed but some information was incorrect. For example, it stated that two complaints had been received by the service, but the provider advised at the time of our inspection no formal complaints had been raised. The PIR also reflected in parts a supported living service and the provider was not providing this type of service at this location.

We found no evidence that people had been harmed however, the provider had failed to ensure robust systems and processes were in place to monitor the service. This is a breach of regulation 17 (Good governance) 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 staff, fully considering their equality characteristics; Continuous learning and improving care

- The provider had different methods of engaging with people, their relatives and staff members to gather their feedback. This included meetings, face to face conversations and telephone calls.
- People we spoke with told us staff were kind and caring. One person told us, "I would recommend this agency I have been really pleased with everything."
- Staff knew people's needs and they told us they felt supported in their role. A staff member told us, " I am enjoying the job and I feel very well supported by the manager."
- Staff meetings were held, and records of the meeting were available. However, the minutes did not show

that learning and good practice was a part of these meetings.

- A relative told us, "We are really pleased with how everything is going." Another relative told us, "Communication was good to begin with but we haven't had any contact from a manager for a little while."

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

- There had been one notifiable incident since registration. This had been sent in error with the provider's other location details. This was clarified during the inspection. The provider told us they were aware of what they needed to legally notify CQC about.
- The management team told us they understood their responsibility to be open and honest when things go wrong.

Working in partnership with others

- The service worked with a range of professionals to ensure people received safe and coordinated care. This included district nurses and occupational therapist.

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<br><br>Systems in place did not ensure people would be kept safe from all risks.  |
| Regulated activity | Regulation   |
| Personal care      | Regulation 17 HSCA RA Regulations 2014 Good governance<br><br>The provider had not ensured that robust systems and processes were in place to manage risks to people and ensure the quality of service provided. |