

MF Healthcare Limited

# MF Healthcare Limited

## Inspection report

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## 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

MF Healthcare limited is a domiciliary care agency. It provides personal care to people living in their own houses and flats. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is to help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of the inspection, four people were using the service.

### People's experience of using this service:

The provider had not consistently identified and mitigated the risks people faced while receiving care. The quality assurance system was not robust; as the provider had not always identified some of the issues we found at this inspection, in relation to risk assessment and their mitigation, completing accurate care visit call records, and medicine administration records.

People and their relatives gave us positive feedback about their safety and told us staff treated them well. People were protected from the risk of infection. Staff received support through training, supervision and staff meetings to ensure they could meet people's needs. Staff told us they felt supported and could approach the management team members at any time for support.

Staff asked for people's consent, where they had the capacity to consent to their care. 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.

An assessment of people's needs had been completed to ensure these could be met by staff. People and their relatives were involved in making decisions about their care and support. People were treated with dignity, and their privacy was respected, and supported to be as independent in their care as possible.

Staff showed an understanding of equality and diversity. Staff respected people's choices and preferences. People knew how to make a complaint. The registered manager knew what to do if someone required end-of-life care.

There was a management structure at the service and staff were aware of the roles of the management team. They told us the registered manager was supportive and approachable.

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

### Rating at last inspection

This service was registered with us on 01 September 2021 and this is their first inspection.

### Why we inspected

This inspection was prompted by a review of the information we held about this service.

### Enforcement and Recommendations

We have identified breaches in relation to safe care and treatment and good governance.

Please see the action we have told the provider to take, at the end of this report.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

### 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 continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was 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 not always 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** ●

# MF Healthcare Limited

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

#### Inspection team

A single inspector carried out the inspection and an Expert by Experience made phone calls to people and their relatives to seek their views about the service. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

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

#### Registered Manager

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

At the time of our inspection there was a registered manager in post.

#### 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 the registered manager would be in the office to support the inspection.

Inspection activity started on 30 November 2022 and ended on 12 December 2022. We visited the location's office on 30 November 2022.

### What we did before the inspection

Before the inspection we reviewed the information we held about the service. This included details about incidents the provider must tell us about, such as any safeguarding alerts that had been raised. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. This information helps support our inspections. We sought feedback from commissioners and the local authority safeguarding team. We took this into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection.

### During the inspection

We spoke with four relatives of people who used the service about their experience of the care provided. We spoke with three members of care staff, the registered manager, who is also the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of records. This included four people's care records, seven staff recruitment records and a variety of records relating to the management of the service, including 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 of this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

- The provider had not identified, and mitigated risks people faced while receiving care. For example, about shaving, bath, shower, accessing community and outdoor activities. This placed people at risk.
- Where the provider had put risk assessments in place their mitigation measures in place were generic and did not have sufficient guidance for staff, to mitigate potential risks. For example, about the procedures for hoisting, instructions to follow for moving people from bed to commode and wheelchair.
- One-person risk management plan stated that the person was unsteady on feet, not able to mobilize independently and uses wheelchair. However, there was no guidance on how staff could prevent or mitigate risks. Another person's risk management plan stated that the person was not able to mobilise independently and requires support with all moving and handling. However, there was no specific guidance for staff to support them. Their care plan also documented they required two staff to support them with moving and handling but there was no guidance for staff on how they could mitigate risks associated with these manoeuvres.

We found no evidence people had been harmed, however, the lack of robust risk assessments exposed people to the risk of harm and was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Notwithstanding the above, we found some good practice about positive behaviour support and catheter care. One relative told us, "My [loved one] has two carers a time and I can tell [loved one] feels safe with them."
- Staff described measures taken to mitigate risk in more detail than was contained in the records.

### Using medicines safely

- Medicines were not managed safely at all times. Staff completed medicine administration records (MAR) as required to ensure people received their medicines as prescribed. However, some people's PRN (as required) medicine was reflected in their care plan but not on the MAR chart. It was not clear if people received PRN medicine when required. Although we did not find any evidence of harm to people this issue required improvement.
- Monthly medicines audits were routinely carried out but did not pick up the issue we identified about PRN medicines. We reported this matter under well-led section of this report.
- The service had PRN (as required) medicine protocols in place for any medicines that people had been prescribed but the person did not need routinely. One relative said, "My [loved one's] medication can change on a daily basis. The care staff are very good."

- The service had a medicines policy in place and staff had completed medicines training. Their competency to administer medicines had also been assessed.

#### Staffing and recruitment

- Records of care were not always accurate. The provider told us staff did not always log into the system properly which meant visits were not properly recorded. We saw this had been discussed with staff and the provider told us they would continue to work with staff to improve record keeping
  - One relative told us, "They [staff] have never been more than 10 minutes late and that was only because of traffic. They never missed a call." Another relative said, "With recent roadworks and traffic carers have still only been a couple of minutes late."
- The provider did not always request written references, obtaining verbal references over the phone. The provider told us this was due to delays in receiving written references. However, the provider had not always requested written references which does not demonstrate a robust approach to recruitment. We have reported about this matter in the well-led section of the report.
- The registered manager had completed recruitment procedures prior to staff being employed. In relation to applicant's application forms, their full employment history, Disclosure and Baring Service (DBS) checks, right to work, and proof of identification.

#### Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. One relative told us, "I'm sure [my loved one] would say if they didn't feel safe. Two carers support and speak nicely to [my loved one]. Another relative said, "My [loved one] feels safer with the carers."
- The provider had a policy and procedure for safeguarding adults from abuse. The registered manager and staff understood what abuse was, the types of abuse, and the signs to look for. This included staff being aware of the action to take if they suspected someone had been abused and reporting their concerns to the registered manager and the local authority safeguarding team.
- Staff completed safeguarding training. They knew the procedure for whistle blowing and said they would use it if they needed to.

#### Preventing and controlling infection

- People were protected from the risk of infection. One relative told us, "They [staff] wear a uniform and wear aprons and masks when washing [my loved one] and for other tasks." Another relative said, "They [staff] always wear personal protective equipment (PPE)."
- Staff understood the importance of effective hand washing, using personal protective equipment, such as aprons and gloves and disposing of waste appropriately. This protected people from infection and cross-contamination.
- The service had infection control procedures in place and records showed that staff had completed infection control training to ensure they knew how to prevent the spread of diseases.

#### Learning lessons when things go wrong

- There were systems and processes in place to manage and follow up on accidents and incidents.
- Staff knew how to complete accident and incidents records, as well as details of who they would notify, such as the registered manager.
- The registered manager monitored these events to identify possible learning and discussed this with staff.



# 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.

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.

- People's capacity to consent to their care and support was documented. People and their relatives, where relevant, were involved in making decisions about their care. People and their relatives confirmed that staff obtained consent from them before delivering care to them. One relative said, "I have heard the carers asking my [loved one] if it is okay, if they give [my relative] their medication and if they are happy to do something. They [staff] ask my [relative's] consent but also check if my relative wants things."
- Where people may lack capacity to consent to their care and treatment. The provider told us, they are coordinating with the local authority about this matter for an appropriate authorisation to deprive their liberty.
- Staff had received MCA training and understood people's rights under this legislation. The registered manager and staff understood their responsibilities under the MCA.

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

- People's needs were assessed to ensure these could be met by staff. Assessments looked at people's medical conditions, likes and dislikes, physical and mental health; mobility and nutrition.
- Where appropriate, relatives were involved in assessments and the information was used as a basis for developing personalised care plans to meet each person's needs. One relative told us, "MF [the provider] came out and went through my [loved ones] care needs, medication and also routines. "Another relative said, "My [loved one's] social worker managed to get us in with MF healthcare. They were asked to take my [loved one] on but the manager said, they wanted to meet their [loved one] and discuss care needs with us, they were very nice and agreed to do this in a short period of time."

Staff support: induction, training, skills and experience

- The provider trained staff to support people and meet their needs. One relative told us, "They [staff] seem to be well trained especially the manager, they [staff] help my [loved one] standing and walking."
- Staff told us they completed comprehensive induction training and a brief period of shadowing experienced staff when they started work.
- Staff completed training required to carry out their roles. The training covered areas such as basic food hygiene, health and safety, moving and handling, infection control and safeguarding adults.
- Staff told us the training programmes enabled them to deliver the care and support people needed.
- The provider supported staff through regular supervision. Staff told us they felt supported and could approach the registered manager at any time.

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

- Staff supported people to eat and drink enough to meet their needs. One relative told us, "I'm happy as they [staff] get my [loved one] to go shopping with them and my [loved one] can also cook with them so they choose what to cook." Another relative said, "As my [loved one] has a carer there all day, so, can have nutritious home cooked meals rather than just ready microwave meals. They [staff] monitor what my relative has to drink and record."
- People's care plans included a section on their diet and nutritional needs to ensure their needs were identified and any risks managed.
- Staff told us people made choices about what food they wanted to eat and that they prepared those foods so people's preferences were met.

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

- People were supported to maintain good health. People's health needs were recorded in their care plans along with any support required from staff in relation to this need.
- Relatives coordinated people's health care appointments and health care needs, and staff were available to support people to access healthcare appointments if needed. One relative told us, "The manager has managed to get my [loved one] registered with a doctor and optician, but they can't find a dentist, so we arrange an appointment when my [loved one] comes to see us." Another relative said, "I look after all my [loved one's] GP and other appointments."
- Staff told us they would notify the office if people's needs changed and if they required the input of a healthcare professional such as a district nurse or GP.

# 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

- Staff treated people with kindness and respect. One relative told us, "The carers are brilliant with my loved one. They [staff] have so much compassion, they are never impatient when my loved one is struggling to say something. They say it's no bother." Another relative said, "The care my [loved one] gets is amazing, it is real holistic approach and they [staff] give my relative hand massages, foot rubs, and gentle exercise. My loved one's health seems to have improved since my [relative] has been with MF Healthcare."
- Staff showed an understanding of equality and diversity. People's care plans included details about their ethnicity, faith and culture.
- The service was non-discriminatory, and staff supported people with any needs they had with regards to their choice of food, disability, race, religion, sexual orientation or gender.

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

- People and their relatives told us they were involved in making decisions about their care and support, including in the assessment, planning and review of their care.
- One relative said, "My [loved one] and we were involved in their care plan when they [manager] came out to assess their needs." Another relative told us "They [staff] give him a choice of what my loved one does and my [loved one] like quiet time with their computer and staff respect that."
- Staff involved people in making decisions about their care. They told us, people were asked about their choices and preference before care was provided.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity, and their privacy was respected. One relative told us, "They [staff] always close the door to help with privacy." Another relative said, "My [loved one] can have a shower themselves and the door shut and staff wait outside."
- Staff told us, they do not share personal confidential information with others and make sure that they cover people with towel when washing and dressing, close the door and window and draw the curtains when giving personal care.
- People were supported to be as independent in their care as possible. Staff told us they would encourage people to complete tasks for themselves as much as they were able to.

# 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.

### Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were assessed and people had access to information in formats they could understand.
- Staff we spoke with had good awareness, skills and understanding of individual communication needs, they knew how to facilitate communication and when people were trying to tell them something.

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

- Staff had knowledge of the support people needed when delivering their care.
- Care plans were person centred and contained information about people's personal life and social history, their health and social care needs, family, and contact details of health and social care professionals. One relative said, "At the first meeting the social worker felt my [loved one] needed 4 carers, but we had a 6-week review, it was agreed by us all that, they needed 2 carers. When we had another review in November, my [loved one's] advocate came and was thrilled to see how much they has changed and how the care plan is working for them."
- Care plans included the level of support people needed from staff and what they could manage to do for themselves.
- Staff told us, before they went to people's homes, they looked at their care plans to know how to support them.
- Staff completed daily care records to show what support and care they provided to each person. These care records showed staff provided support to people in line with their care plans.

### Improving care quality in response to complaints or concerns

- People told us they knew how to complain and would do so if necessary. People and their relatives told us they never had to complain. One relative told us, "If I had concerns, I would talk to the manager, if it was a huge complaint, I would talk to the funding people." Another relative said, "I haven't had to make a complaint and I would more than likely have a word with the manager."
- The provider had a clear policy and procedure for managing complaints and this was accessible to people and their relatives.

- The registered manager told us, they had not received any complaints., The complaints log we saw confirmed this.

#### End of life care and support

- The provider had a policy and procedure to provide end-of-life support to people.
- The registered manager was aware of what to do if someone required end-of life care to ensure people's end of life needs were met.
- The registered manager told us there was no one that required end-of-life support at the time of our inspection.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

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

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

- There were audits in place to monitor the quality of service. However, these were not robust enough to identify the issues found during this inspection. For example, the provider audits failed to identify and mitigate the risk people faced whilst receiving care and staff written references were not obtained but taken over the phone.
- The provider did not maintain accurate care records. For example, some home visits call time records were incorrect and as required medicines MAR charts were not completed at all times.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People and their relatives were satisfied with staff and the registered manager for the care and support they received. People and their relatives commented positively about care staff and the registered manager. One person told us, "The manager is on the ball, it's really good and any questions I have she always answers and gives reasons why. She had helped my [loved one] and they are happier with service." Another relative said, "I'm very happy with the management, I think that the management also look after their staff as well."
- Staff described the leadership at the service as approachable and supportive. One member of staff told us, "My manager is good, supportive, she gets things done quite quickly, quite reasonable." Another member of staff said, "The manager is willing to support us in our daily duties, she is interested in the development of staff and also ensuring that proper care is given to clients as per their 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 service had a manager in post who was registered with CQC. They were aware of their registration requirements with CQC.
- There was a clear management structure at the service. Staff were aware of the roles of the management team.
- The service had an on-call system to make sure staff had support outside of office working hours and staff

confirmed this was available to them.

- There was a duty of candour policy. Staff were encouraged to report all accidents, incidents or near misses and to be open and honest if something went wrong.
- The registered manager carried out regular incidents and accidents checks, to ensure people's needs were met safely.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The provider sought people's views using satisfaction surveys. We found the survey responses were positive.
- Staff meetings were held to discuss any changes in people's needs, guidance for staff about the day to day management of the service, coordination with health care professionals and any changes or developments within the service.

Working in partnership with others

- The registered manager was committed to working in partnership with other agencies and services to promote the service and to achieve positive outcomes for people. For example, they worked closely with commissioners and healthcare professionals.

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  The provider had not identified and mitigated the risks people faced while receiving care.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The systems in place to understand and address the quality and safety issues within the service were not operating effectively.