

MK Executive Care Services LTD

# MK Executive Care

## Inspection report

121A Queensway  
Bletchley  
Milton Keynes  
Buckinghamshire  
MK2 2DH

Tel: 01908375199

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

Date of inspection visit:

25 January 2022

28 January 2022

Date of publication:

08 February 2022

## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

MK Executive Care is a domiciliary care agency, providing personal care to people in their own homes. At the time of inspection 19 people were using the service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

People's experience of using this service and what we found.

The management quality assurance systems had been strengthened to ensure the provider had oversight of key areas of the service. People using the service told us the main area of dissatisfaction was around timekeeping. In response the provider had increased welfare calls to people using the service and spot checks on staff to monitor care practice and provide any support needed. The provider had also recently set up a service user forum for people to provide feedback direct to them.

People's care records contained details relating to their care needs and equality characteristics including physical and mental health needs. The care plan summaries did not always contain specific details on how risks were to be managed, for example risks relating to skin integrity and moving and handling. The provider said they were working on improving the quality of information, so the care plan summaries contained clear information for staff to follow.

An electronic care monitoring system had recently been introduced, which tracked care calls and created alerts when staff had not attended calls or when calls took place outside of the scheduled time. The provider said they were working to improve the monitoring systems to ensure people received their calls punctually.

The safeguarding and complaints policies had been reviewed and systems had been strengthened to respond and record safeguarding concerns and complaints. Training in key areas, including safeguarding children and mental health had been provided to all care staff. This reduced the risk of people receiving unsafe care or care that did not meet their needs.

Enough staff were deployed to meet people's personal care needs. Recruitment systems were in place to ensure suitable staff were employed at the service.

Notifications were submitted to the Care Quality Commission (CQC) as required by law, without delay, and contained the necessary details. The ratings from the previous inspection were displayed on the provider website and within the office.

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

### Why we inspected

This was a planned focused inspection based on the previous rating.

The last rating for this service was Inadequate (published 29 October 2021) and there were multiple breaches of regulation. We issued Warning Notices under Regulation 12 (Safe Care and Treatment) and Regulation 17 (Good Governance) of the Health and Social Care Act 2008.

The provider completed an action plan after the last inspection to show what they would do and by when to improve and meet the breaches in regulations. We undertook this inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the key questions, Safe and Well-Led which contain those requirements.

At this inspection we found enough improvements had been made and the provider was no longer in breach of the regulations.

This service has been in Special Measures since 29 October 2021. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from Inadequate to Requires Improvement. This is based on the findings at this inspection.

### Follow up

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 well-led?

The service was not always well led.  
Details are in our well led findings below.

**Requires Improvement** ●

# MK Executive Care

## Detailed findings

### Background to this inspection

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.

This was a focused inspection to check whether the provider had met the requirements of the Warning Notice in relation to Regulation 12 (Safe care and treatment) and Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

#### Inspection team

This 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 homes.

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

Inspection activity started on 25 January 2022 and ended on 28 January 2022. We visited the office location on 25 January 2022.

#### What we did before the inspection

We reviewed information we had received about the service and we sought feedback from the local authority. The provider was not asked to complete a provider information return prior to this inspection.

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

During the inspection we spoke with one person using the service and three relatives to hear about their experience of the care provided. We spoke with one care staff member, the care coordinator, complaints and safeguarding lead and the registered manager. We reviewed a range of records. This included the care records of four people using the service. We looked at a variety of records relating to staffing and the management of the service, including policies and procedures.

After the inspection

We reviewed records received from the registered manager to validate evidence found. We looked at training data and quality assurance records.



# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Inadequate. At this inspection this key question has changed to 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.

At our last inspection the provider had failed to have effective systems in place to continually assess the risks to the health and safety of people using the service and doing all that is reasonably practicable to mitigate any such risks. This was a breach of Regulation 12: (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvements had been made at this inspection and the provider was no longer in breach of regulation 12.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risk assessments were in place for identified risks, for example risks associated with pressure area care, falls and moving and handling. Each person had a care plan summary, which gave a brief overview of their needs. One person identified at very high risk of pressure damage, required more detail within their care plan to instruct staff on the importance of observing their skin condition to prevent further breakdown and the development of pressure ulcers. This was brought to the attention of the provider who arranged for the care plan to be reviewed and updated with the necessary information.
- Moving and handling care plan summaries were in place. However, more detail was needed to fully reflect the range of moving and handling equipment people used, and the level of staff support required to assist people to move safely. For example, one person required support from staff to walk within the home. There was an absence of information in the daily care notes to confirm staff followed the tasks in the care plan to assist the person to walk. This was brought to the attention of the provider who arranged for the care plan summary to be reviewed and updated.
- The systems to report, record, follow up and review incidents and accidents had been reviewed and improved. Weekly management meetings were taking place, during which, incidents, safeguarding concerns and complaints were discussed. The provider had employed a member of staff whose remit was to oversee accidents / incidents, complaints and safeguarding concerns. Records showed concerns had been followed up with people using the service and the relevant authorities informed as necessary.

Staffing and recruitment

- We received mixed feedback from people and relatives about the continuity of staffing. People said the staff were friendly and spoke of individual staff they had good relationships with. Although, one relative said, "Recently we seem to be getting different carers coming in, I find I have to explain to each one what to do, even how to work the shower."
- We received mixed feedback from people using the service and relatives about the punctuality of staff attending their calls. One person said, "The staff will generally call me if they are going to be late." Another

person said, "I have the direct number for [registered manager], and I will call them if the staff have not arrived." The provider used an electronic call monitoring system which generated an alert whenever care calls fell outside of the scheduled times or were missed.

- A missed call had recently occurred which had placed a person at risk of not receiving safe care. Records showed the incident was fully investigated and systems had been put into place to ensure this did not occur again. The provider said they had introduced welfare calls and increased the frequency of spot checks to monitor care practice and assess competencies.
- Records showed that appropriate action was taken in response to concerns of poor care practice or misconduct by staff.
- The provider had introduced a system to oversee and track that staff recruitment documentation and checks were obtained. Pre-employment checks had taken place, such as obtaining references and Disclosure and Barring Service (DBS) checks. The DBS confirm if individuals have any criminal or barring record which helps employers make safer recruitment decisions.

At our last inspection the provider had failed to have effective safeguarding systems in place to ensure all people using the service were prevented from receiving unsafe care and treatment and avoidable harm or risk of harm. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvements had been made at this inspection and the provider was no longer in breach of regulation 13.

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

- The safeguarding policy had been updated to include how adults and children using the service were protected from the risks of abuse.
- All staff had received training on safeguarding adults and children. This meant staff had been provided with the guidance or knowledge on what to do should potential safeguarding issues arise.
- Records of safeguarding concerns contained the relevant information to demonstrate safeguarding concerns were taken seriously and appropriately investigated. Information on the outcome of investigations had been shared with people and the relevant authorities. This meant people were protected from the risks of abuse and harm.

#### Using medicines safely

##### Using medicines safely

- Medication administration records (MAR) were reviewed by management staff during spot check visits and audited monthly.
- Where the provider took on the responsibility, people were supported to take their medicines as prescribed.
- Records showed care staff received medicines training to support people to take their medicines in line with their preferences.

#### Preventing and controlling infection

- People confirmed the staff entering their homes followed infection control procedures and used personal protective equipment (PPE), such as gloves, aprons and face masks.
- Staff received training on infection prevention and control, including COVID-19 during the pandemic.
- The provider accessed regular COVID-19 testing for staff to prevent and manage the transmission of COVID-19.



# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as Inadequate. At this inspection this key question has changed to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

At our last inspection the provider had failed to ensure systems and processes were effective or robust enough to monitor the quality and safety of the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvements had been made at this inspection, so the provider is no longer in breach of regulation 17.

### Continuous learning and improving care

- The management quality assurance systems had been strengthened to ensure the provider had oversight of key areas of the service. People using the service told us the main area of dissatisfaction was around timekeeping. In response the provider had increased welfare calls to people using the service and spot checks on staff to monitor care practice and provide any support needed. The provider said they were working to improve the monitoring of care calls to ensure people received their calls punctually.
- All care records had been put onto an electronic care monitoring system. This gave the provider instant access to monitor the care people received and to review and update care records as necessary. However, the system had recently been introduced and further work was taking place to ensure risk assessments and care plans contained sufficient detail. The provider was committed to ensuring the systems provided this level of information.

### 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 safeguarding and complaints policies had been reviewed and systems had been strengthened to respond and record safeguarding concerns and complaints. Training in key areas, including safeguarding children and mental health had been provided to all care staff. This reduced the risk of people receiving unsafe care or care that did not meet their needs.
- The complaints and safeguarding records evidenced the provider followed the duty of candour to tell people (or, where appropriate, the person's advocate, carer or family) when something had gone wrong, and to provide an apology, or offer an appropriate remedy or support to put matters right (if possible).
- Statutory notifications had been sent to the Care Quality Commission (CQC) as required by law. The ratings from the last inspection were displayed on the provider website and in the office, as required by law.

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

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

- The provider had invited people and relatives to provide feedback on the service they received. To give people the opportunity to suggest any changes or improvements to the service. A service user form had recently been set up and letters of invitation had been sent out to people using the service and their relatives.
- Staff told us that relevant information had been discussed with them by the provider, which had included infection prevention and people's care needs. A closed social media message group was used to supply staff with relevant updates, information and guidance.
- The provider and staff had a good knowledge and understanding of people they supported and knew them well.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Working in partnership with others

- Records showed appropriate action had been taken in response to concerns that had been raised.
- The provider understood their role and understood the needs of their staff team. Staff were positive about providing care to people.
- Staff understood their responsibilities, and who to report to if they had concerns and needed help.
- Staff understood they needed to inform the provider if people were unwell or had an accident. Relatives commented they had confidence that staff would contact emergency services should this be needed.
- The provider was aware of the need to work with health professionals to ensure people's needs were met. They had regularly shared action plans with the local authority and CQC to inform on the improvements they had made to the service.
- The provider was receptive to feedback when we discussed the inspection findings.