

Medirite24 Limited

# Medirite Healthcare

## Inspection report

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## 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

### About the service

Medirite Healthcare provided support to 4 people at the time of the inspection. The service is registered to support older people including those living with dementia, younger adults, people with learning disabilities and autistic spectrum disorders, sensory impairments and people requiring support with their mental health. 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. At this inspection, they were providing a regulated activity for 1 person in a supported living setting.

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

Staff were not recruited safely, the provider failed to ensure that all relevant checks were made to ensure that staff were of good character.

Governance systems were not effective at identifying where improvements were required.

People's plans of care and risk assessments did not always contain up to date information. People received their medicines as prescribed and were dispensed by staff who were trained and competent to carry out the task. People were protected from the risk of abuse. Accidents and incidents were recorded with appropriate actions taken to reduce the risk of re-occurrence.

Staff felt supported by the management of the service. Management understood their duty to be open and honest with people when things went wrong. The service worked alongside other agencies to ensure people received support when needed.

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 and update

The last rating for this service was good (published 20 May 2017).

### Why we inspected

We received concerns in relation to an adverse incident. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe and well led sections of this full report.

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

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Medirite Healthcare on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Enforcement

We have identified breaches in relation to safe recruitment of staff 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 meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the 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 well-led?

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

**Requires Improvement**



# Medirite Healthcare

## 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

The inspection was carried out by 2 inspectors.

#### Service and service type

This service provides care and support to people living in one 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support. The service is also registered to support people with domiciliary care in their own homes, extra care in specially adapted properties and shared lives which provides people with long-term placements, short breaks and respite care, within shared lives carers (SLC) own homes.

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

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. 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.

We used all this information to plan our inspection.

During the inspection

We spoke with 1 person using the service. We also spoke with 7 staff including the registered manager, deputy manager and care staff.

We reviewed a range of records. We looked at 1 person's care plan and medicine administration records. We looked at 4 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were also reviewed, including training records, complaints, compliments, incident records, quality assurance processes and various 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.

At our last inspection we rated this key question good. At this inspection the rating 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

### Staffing and recruitment

- Staff were not recruited safely. The provider had failed to take adequate measures to ensure staff were of suitable character to work at the service.
- When we checked staff files. We found that some contained incomplete histories of previous employment. This contradicted the providers own recruitment policy.
- We found that the provider was not always obtaining professional references from the previous employer and had obtained character references instead.
- Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. We found that when the provider was recruiting staff from overseas, they were not carrying out these checks for several months after they had commenced work. This contradicted the providers own recruitment policy.

We found no evidence that people had been harmed. However, systems were either not in place or robust enough to demonstrate people were protected by the provider's recruitment procedures. This is a breach of regulation 19 (fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Assessing risk, safety monitoring and management

- Management of people's safety was not always accurately reflected in care plans and risk assessments.
- Care plans and risk assessments did not always reflect the person's identified needs despite being reviewed regularly. We shared this concern with the registered manager who said that they would take immediate action to update them.
- Staff we spoke to had a good knowledge of the care needs of people they supported and how to support them safely.
- The provider carried out safety audits and were alerted of adverse incidents through the electronic care record system in use. A staff member told us, "When we record an incident on the system, we are contacted by (registered manager) or (deputy manager) to check everyone is ok and to discuss what has happened".

### Using medicines safely

- People received their medicines as prescribed and these were dispensed by staff who were trained and competent to carry out the task. Protocols had been drawn up considering people's preference as to how they would like to have their medicines administered.

- Where people were prescribed as required medicines, guidance was in place for staff on when and how to administer these.
- Medicines administration records (MARS) were correctly completed with no gaps.
- We saw evidence of regular audits of medicines records and stock had taken place.
- Staff received training in the safe administration of medicines and their competency was regularly checked.

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

- The provider's had robust policies, procedures and guidance in place that gave staff guidance on how to keep people safe from abuse.
- Staff had received training on how to safeguard people from the risk of abuse. Staff understood how to recognise the signs of abuse and how to report this.

Learning lessons when things go wrong

- Accidents and incidents were recorded with appropriate actions taken to reduce the risk of re-occurrence.
- There was a culture of continuous learning when things went wrong. The management team carried out regular evaluations of accidents and incidents to identify trends.

Preventing and controlling infection

- Staff had undertaken training and were aware of their responsibilities to protect people from the spread of infection.
- Staff told us they were provided with personal protective equipment (PPE) to reduce the risk of infection.



# 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 our last inspection we rated this key question good. At this inspection the rating 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.

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

- Governance systems and quality checks were not effective at identifying where improvements were required.
- Checks made by the provider on staff's personnel files recorded that all information had been correctly obtained. However, when we checked the files, we found that these checks failed to identify that there were missing items that were required to ensure staff were of suitable character to work at the service.
- Reviews of care plans had failed to identify that they contained out of date information about how staff should manage risk.
- The provider was unable to evidence that they had chased the progress of applications made under the Deprivation of Liberty Safeguards (DoLS) or medical referrals as they had not kept records to show when they had done this.

We saw no impact from these failures, however, the absence of robust and effective governance placed people at an increased risk of harm. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We shared these concerns with the registered manager who said they would take immediate action to ensure care plans were checked and up to date and recruitment procedures updated to ensure staff were recruited safely.

- The provider consistently notified all required incidents to CQC as required to by law.

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

- Staff told us that they felt supported in their role by management. One staff member said, "I feel very supported. (Registered manager) is hands on and always responds to requests for guidance and support."
- Staff told us that they have regular opportunities to discuss any concerns and their performance in regular staff meetings, supervisions and appraisals.
- One staff member said, "I enjoy working for this company because it's all about the people we support."

Continuous learning and improving care

- The registered manager told us about how the service tries to identify ways to learn and improve the service continually. They gave an example of a recent adverse incident which after review had identified the need to strengthen the way they assessed new people moving to the service to ensure the right information was obtained to be able to plan their care safely.

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 management team understood duty of candour and was open and honest with people and their relatives when things went wrong

Working in partnership with others

- The service worked alongside other healthcare professionals such as GPs, psychologists and other agencies to ensure people received support when needed.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Governance systems were not effective at identifying where improvements were required
Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed  Staff were not recruited safely, the provider failed to ensure that all relevant checks were made to ensure that staff were of good character.