

Missions Healthcare Services LTD

# Missions Healthcare Services LTD

## Inspection report

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## Ratings

Overall rating for this service	Inadequate <span style="color: red;">●</span>
Is the service safe?	<b>Inadequate</b> <span style="color: red;">●</span>
Is the service effective?	<b>Requires Improvement</b> <span style="color: orange;">●</span>
Is the service caring?	<b>Requires Improvement</b> <span style="color: orange;">●</span>
Is the service responsive?	<b>Requires Improvement</b> <span style="color: orange;">●</span>
Is the service well-led?	<b>Inadequate</b> <span style="color: red;">●</span>

# Summary of findings

## Overall summary

### About the service

Missions Healthcare Services LTD is a domiciliary care agency providing personal care. The service provides support to older people and those with dementia. At the time of our inspection there were nine people 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

Risks to people were not always managed safely, with a lack of guidance to support staff in mitigating risks to people. Call records identified that staff were late for calls and did not always have enough time between calls; impacting on their ability to stay the duration. Medicines were not safely administered with conflicting guidance for staff.

Safeguarding concerns were not reported in a timely manner. The registered manager did not ensure there was sufficient investigation of incidents and accidents.

Staff did not always receive sufficient support to help them carry out their roles, with a lack of regular supervision. Multiple training topics were addressed across two days, which means we were not assured staff had enough time to develop their learning. Staff did not ensure that presenting healthcare needs were highlighted in a timely manner.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

Care plans were not as personalised as they should be. Complaints records were not available at the time of inspection.

The registered manager did not ensure that there was effective governance of the service, with a lack of audits and quality control systems. Timely action was not taken to address required areas of improvement.

Staff and the care they delivered was well thought of. Staff were safely recruited and we were assured that infection control processes were followed.

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 23 July 2021).

#### Why we inspected

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

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

#### Enforcement and Recommendations

We have identified breaches in relation to safe care and treatment, staffing and good governance at this inspection.

We have made recommendations in relation to safeguarding people from abuse and improper treatment, staff training and complaints.

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 overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe and there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

## 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 safe.

Details are in our 'safe' findings below.

**Inadequate** ●

### Is the service effective?

The service was not always effective.

Details are in our 'effective' finding 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 well-led.

Details are in our 'well-led' findings below.

**Inadequate** ●

# Missions Healthcare Services LTD

## **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

This inspection was carried out by two inspectors

#### 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 service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

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

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure staff would be in the office to speak with us.

Inspection activity started on 15 August 2022 and ended on 15 September 2022. We visited the location's office on 09 September 2022.

#### What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

#### During the inspection

We spoke with the registered manager, care co-ordinator and two members of care staff. Following the inspection, we spoke with four people using the service and a care staff member. We received feedback from the local authority.

# 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 inadequate.

This meant people were not safe and were at risk of avoidable harm.

### Assessing risk, safety monitoring and management

- Risks assessments did not manage potential risks to people as clearly as they could. One person had a risk assessment for pureed foods, but this could have been more specific for staff.
- One person did not have a clear risk assessment for choking or diabetes. Staff would not have known how to safely support the person as there was a lack of guidance as to how to respond should these conditions deteriorate. Another person did not have a specific risk assessment for mobility or nutrition.
- Records management was not effective, and therefore we could not be assured that risk assessments addressed current needs.

### Using medicines safely

- Medicines were not administered safely. One person did not have a risk assessment in relation to the covert administration of medicines. Medicines lists did not correspond to the medicines on people's medicines administration records (MAR) and there was a risk that staff would not be clear on the specific medicines people were prescribed.
- Suitable protocols were not in place for PRN ['as needed'] medicines. Staff did not have suitable guidance in place to ensure people received these medicines at the times they needed them.

### Staffing and recruitment

- People did not always receive care and support at the time agreed in their care plan.
- People told us staff were sometimes late for their scheduled visits and did not always stay the full duration. Comments included, "Sometimes the carers are late and will let me know and sometimes they don't. Last week [staff] didn't get here until 10.30am but were meant to be here at 08.30am" and, "[Staff] leave early, they're here for 25 minutes and they're meant to be here for 45 minutes."

The failure to ensure people received a safe service was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014 – Safe Care and Treatment.

- People received care and support from staff that had been suitably vetted. Staff personnel files contained an application form, photographic identification, proof of address, a minimum of two suitable references and a Disclosure and Barring Services (DBS) check. A DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

### Learning lessons when things go wrong

- People did not always receive support from a service that learnt lessons when things went wrong.
- At the beginning of the inspection the registered manager confirmed they had not completed full investigations of incidents when they occurred, however were looking to address this. We were not satisfied sufficient action had been taken to address the concerns already identified by the registered manager.

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

- People were not always protected from the risk of abuse, as potential safeguarding allegations were not raised with the local authority safeguarding team in a timely manner.
- The local authority told us, and records identified that incidents had occurred and not been appropriately reported.
- In contrast to the above, staff demonstrated that they knew how to recognise potential abuse. However, we were not assured that the provider took appropriate action to ensure concerns were promptly raised.

We recommend the provider review their knowledge of safeguarding practices.

#### Preventing and controlling infection

- People confirmed staff wore PPE when delivering personal care.
- Staff confirmed they had access to PPE and could visit the office to obtain more should their supply be running low.

# 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.

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

- People's needs were not always assessed by the provider, prior to them receiving care. Care files contained assessments from the local authority, where care was commissioned by them. However, we saw no evidence that the provider had completed an assessment of need. Records did not assure us that the provider had ensured they were able to meet people's specific care needs.

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

- Records did not always specify whether action was taken where potential healthcare issues were observed. One person's daily notes stated they expressed they were in pain, however there was no additional information to confirm whether the care staff had taken any action to support the person to address their healthcare needs.

Staff support: induction, training, skills and experience

- People received support from staff that did not always reflect on their working practice to drive improvements, nor did they have their competencies regularly assessed.
- We received mixed views on staff knowledge and skills. One person told us, "I don't really think the staff are skilled. I have to do a lot of on the job training as they don't know what they need to do." However, another person said, "Yes, the staff seem well trained and know what they're doing."
- During the inspection we requested to see the staff supervision files, however the registered manager confirmed these had not been regularly carried out. The registered manager also noted this was something that they would be addressing. We were dissatisfied with their response.
- Staff told us they felt they would benefit from regular one-to-one supervisions with their superiors, to ensure they learned lessons and enhanced their skills.
- Staff were up to date with their training. However, this covered multiple training topics across one training session. We were not assured that suitable time was allowed to ensure that staff were sufficiently trained to carry out their duties.

We recommend the provider review their training provision to ensure staff are equipped with the right skills.

- Notwithstanding the above, staff had their competencies regularly reviewed through on-site spot checks.

- We shared our concerns with the registered manager and provider who were unable to give us a satisfactory response.

#### 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 MCA 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 did not receive support from staff that had an adequate understanding of the MCA and their role and responsibilities in line with legislation. Not all staff were able to tell us the underpinning principles of the MCA. However, people told us staff ensured they were able to make decisions about their care and support.

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

- People received support from staff to ensure they had food and drink that met their dietary needs and preferences. Daily logs detailed the meals they had been offered and how much they had consumed.
- One person told us, "[Carers name] is a good cook and prepares my meals very well."

# 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.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement.

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

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

- People's views were not always sought to drive improvements. One person told us, "No one ever asks me for my views, I do have things I want to say."
- Despite the above comments, people told us they could make decisions about the care they received and staff were respectful of their decisions.

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

- People told us they were treated with kindness and respect from staff. Comments included, "The carers are fine, they do what is necessary and they are really kind" and "My carer takes good of care of me and does so adequately."
- Staff were aware of the importance of treating people equally. They told us how they ensured people's needs and choices were respected.

Respecting and promoting people's privacy, dignity and independence

- People and their relatives confirmed that staff promoted people's privacy wherever possible. People said "They do what's necessary to maintain my dignity" and "The staff are respectful."
- Staff we spoke with were passionate about their work and treated people with kindness

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement.

This meant people's needs were not always met.

Improving care quality in response to complaints or concerns

- People told us they knew how to raise a complaint and were confident in doing so. Complaints records were not available to us at the time of inspection, therefore we could not be assured that complaints were appropriately responded to.

We recommend the provider ensure that contemporaneous complaints records are stored and accessible.

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

- Care delivery was not always as personalised as it should be. Whilst some care records detailed people's preferences this was inconsistent, so there was not always information to guide staff as to how people wished to live their day to day lives.
- One person told us, "I have a care plan." Another person said, "Yes, I have the [care plan] folder, but I don't really pay any attention to it."

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 did not always receive support from staff that could effectively communicate with them. One person told us, "They really don't understand English that well and sometimes there's a language barrier. I can explain what I want but she doesn't understand. One way or another we overcome the language barrier."
- Records also confirmed that similar feedback had been raised with the provider, and there was no record of suitable action being taken. We raised this with the registered manager who told us they would address this.

# 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 inadequate.

This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

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

- The registered manager did not assure us that quality performance was understood and effectively managed. Quality assurance audits were not carried out to ensure effective oversight of records and care delivery. This resulted in potential risks to the care people received.
- Electronic call monitoring systems highlighted poor attendance and lateness in care calls. The registered manager had not taken sufficient action to address these concerns.
- Risk to people were not suitably managed or recorded, with people not always receiving their medicines as prescribed. Incidents and accidents were not suitably investigated, meaning presenting risks were not learnt from. Potential safeguarding concerns were not promptly reported.
- Care records were not personalised in detailing the care people wished to receive, with a lack of provider pre-assessment prior to accepting care packages. Records were not always up to date or contemporaneous. Therefore, we could not be assured that the registered manager has adequate oversight of the running of the service.

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

- People and relative views were sought through quality assurance phone calls and questionnaires. However, records showed that where concerns had been raised such as language barriers with staff and lateness, action had not been taken to respond to these.

The failure to implement systems to ensure good governance of the service is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014 – Good Governance.

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

- Notwithstanding the above, the registered manager was receptive to our feedback at the time of inspection. They understood the need to apologise when something went wrong.

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

- People, their relatives and staff spoke positively about the management of the service. Comments included, "I haven't met the manager but the other one is very helpful" "I have heard of [the registered manager] and spoken to her. But I'm very satisfied with the care I receive" and "The [registered manager] is good, whenever I need anything, I can call [the management team] and they will do it."
- Staff told us they felt supported by management. Comments included, "I call them when I need something and they respond, they are approachable" and "Since I started, the way she [registered manager] handles queries and clients I give her 100%."

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  Risks were not effectively managed to ensure there was always sufficient guidance for staff to keep people safe. Medicines were not safely managed.

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Quality assurance systems were not in place to ensure effective governance and oversight of the service.

**The enforcement action we took:**

Warning notice issued

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  Staff attendance at calls was not sufficiently planned to ensure staff arrived on time and stayed for the duration

**The enforcement action we took:**

Warning notice issued