

MK Hospital@Home LTD

Mk Hospital@Home

Inspection report

134 Highgate
Kendal
LA9 4HW

Tel: 01539898207
Website: www.mkhospitalathome.co.uk

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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

Mk Hospital@Home is a domiciliary care service providing personal care to older and younger adults who may have dementia, a physical disability, sensory impairment, or a mental health condition living in their own homes. Not everyone who used the service received personal care. The Care Quality Commission (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 the time of the inspection 37 people were receiving personal care.

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

The systems and processes used for the recruitment of staff were not safe. The required checks of suitability to work with vulnerable people had not always been completed sufficiently to ensure fit and proper persons were employed. Risks associated with people's needs were not always identified or accurately assessed. Records about managing risks were not always completed or shared with staff.

Accident and incidents had not always been documented appropriately; therefore, we could not see what or if actions had been taken to protect people. Medicines Administration Records (MARS) were not completed correctly so we could not be certain medicines had been given safely or correctly. Medicine audits and checks had not been effective in identifying these concerns. We were assured about IPC practices. People and their relatives told us they felt the service they received was safe.

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.

People and their families told us they had been involved in care planning and reviews of their care. Referrals were made to other healthcare services where necessary. People were supported with their dietary and nutritional needs as they preferred. Training records demonstrated relevant training was provided. People and their relatives told us they thought the care they received was very good and spoke very positively about the staff who supported them.

Care and support plans generally provided guidance for staff on how to meet people's needs and minimise some risks. People told us their care plans had been reviewed. However, records we viewed showed some changes in needs were not always recognised or recorded in a timely way. Actions had been taken promptly to respond to any complaints.

People, their relatives and staff were consulted in the running of the service. A recent survey about the quality of the service had been completed but was not sufficiently analysed to show how the service could improve. Some regular audits had been undertaken. However, these were not effective or robust enough in highlighting the concerns we found with recruitment, records for managing risks and medicines.

The leadership in the service commenced working immediately on the shortfalls identified during the inspection and people's experiences appear not to have been impacted by those shortfalls identified.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (published 20 February 2023)

Why we inspected

The inspection was prompted in part by notification of an incident following which a person using the service died. This incident is subject to a criminal investigation and as a result this inspection did not examine the circumstances of the incident. However, the information shared with CQC about the incident indicated potential concerns about the management of risks. This inspection examined those risks.

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

The provider took immediate action during the inspection to address some of the shortfalls we found.

Enforcement

We have identified breaches in relation to assessing and recording risks, the management of medicines, recruitment processes and the oversight of the safety and quality of the service.

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 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 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 ●

Mk Hospital@Home

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, a regulatory coordinator who spoke to some staff and an Expert by Experience who made telephone calls to people using the service and some relatives. 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 and specialist housing.

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 24 hours' notice of the inspection. This was because the service is small, and people are often out, and we wanted to be sure the registered manager was available to speak with us. Inspection activity started on 25 October 2023 and ended on 3 November. We visited the location's office on 25 and 30 October 2023.

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 and professionals who work with the service. 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. We used all this information to plan our inspection.

During the inspection

We spoke with 5 people who used the service and 6 relatives about their experience of the care provided. We also spoke with 5 members of care staff, a company director and the registered manager who is also the nominated individual and company director. 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 6 people's care records and medication records. We looked at all the staff files that were available in relation to recruitment, training, and supervision. A variety of records relating to the management of the service, including policies and procedures were also viewed.

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.

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

- Risk assessments were not always in place for managing some people's needs and those that were, were not always accurate or current.
- Where accidents or incidents had occurred, information available had not been used to inform or review the risk assessments in place.
- System and processes were not properly established to show how learning from accidents and incidents could prevent further occurrences.
- People were at risk of not receiving the right level of care and treatment to keep them as safe as practically possible.

We found no evidence that people had been harmed. However, the assessment, monitoring and mitigation of risks to the health, safety and welfare of people using the service was not robust. This placed people at risk of harm. This was a breach of regulation 12 (2) safe care and treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During and immediately following the inspection visits the provider ensured any risks identified were addressed.

- People and their relatives told us they felt the service they received was safe. One person told us, "I do feel safe with my carers." A relative said, "[Relative] is safe with them [care staff], they are all grand."

Using medicines safely

- People were at risk of not receiving their medicines safely or as they had been prescribed.
- Instructions for use and dosages of medicines were not always recorded.
- Information available to staff for administering 'as and when' medicines (PRN) did not always contain information about contraindications.
- Records used for the administration of medicines did not always identify the actual medication, dosage or time of the administration.
- Staff had copied instructions for administering medicines without using best practice of ensuring their handwritten instructions were accurate and were as the medicines had been prescribed.

We found no evidence that people had been harmed. However, the management of medicines was not always safe. This placed people at risk of harm. This was a breach of regulation 12(2) safe care and

treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During and immediately following the inspection visits the provider ensured any risks identified were addressed.

Staffing and recruitment

- The recruitment systems and processes used were not robust.
- Required checks of suitability for staff being employed to work with vulnerable people were not always completed.
- We looked at the personnel records of staff members and some had commenced work without all the necessary checks being in place.

We found no evidence that people had been harmed. However, recruitment practices were not robust enough to show staff had been adequately checked before they commenced employment. This placed people at risk of harm. This was a breach of regulation 19(2) fit and proper persons of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During the inspection visits the provider took action and completed further checks.

- There were enough numbers of staff available to ensure people received their care and support regularly and at a time that suited them. One person told us, "My carers are usually on time and stay as long as they are needed to."

Systems and processes to safeguard people from the risk of abuse

- Staff were trained to identify and report abuse.
- People and their relatives told us they felt safe with the staff who worked them.
- Staff told us they were comfortable raising any concerns with the registered manager.

Preventing and controlling infection

- Staff received training in infection prevention and control and told us personal protective equipment [PPE] was readily available to them. A person told us, "They [staff] wear gloves, aprons and masks when needed."

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 remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The registered manager carried out an assessment of people's needs before agreeing to provide their care. One relative told us, "I helped with the setting up of [relative's] care plan and staff follow it correctly."
- People told us they were regularly included in developing their needs assessment and care plans. One person said, "I was involved with the care plan and it's review."
- The registered manager maintained her nursing registration and staff followed care standards to achieve effective outcomes.

Staff support: induction, training, skills and experience

- The staff had received training to meet people's needs in line with the care certificate, an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. However, we were not assured that training in the safe management of medicines had been effective. We have addressed this in the domain of safe and well-led.
- The staff told us they completed a range of training to give them the skills and knowledge to provide people's support. One staff member told us, "I did 2 weeks induction and was observed administering medicines. I also did safeguarding, manual handling and infection control." Another said, "I've had enough training to do what I do."
- People told us they thought staff were adequately trained. One person told us, "They [care staff] all seem well trained and know what they are doing." A relative said, "The carer today has only just finished their training and they are already very good at what they are doing."

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

- Staff provided the right level of support people needed with preparing their meals and drinks.
- People had been referred to other services where concerns with eating had been noted.

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 in managing their health and wellbeing needs and where necessary appropriate referrals were made to external services.
- Staff worked effectively with other healthcare professionals to ensure people's healthcare needs were met.

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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The registered manager was knowledgeable about their responsibilities under the MCA and people's rights were protected.
- People and their relatives were regularly involved, consulted with and had agreed with the level of care and treatment provided.

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 remained 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; Respecting and promoting people's privacy, dignity and independence

- Staff treated people with respect and were kind and caring towards them. People were very complimentary about the staff who supported them. One person said, "They [care staff] all treat me with respect. They are really nice to me." Another person told us, "They [care staff] come in singing and happy and I'm happy with that."
- The staff respected people's privacy and promoted their dignity and independence. A relative told us, "Staff treat him in a respectful way. They don't rush him and are always patient with him." Another person told us, "They [care staff] are all kind and caring. We have 3 male care staff, and they are just excellent."

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

- The provider was in the progress of further developing the recording systems to an electronic one with remote accessibility this will allow people's views of the service to be captured at any time.
- People and their families had been involved in developing their care and support and were regularly asked for their views.
- People's independency was encouraged where possible. A relative told us, "They [care staff] encourage [relative] to do things for themselves." A staff member said, "We care for the client exactly how they want it and how they want to be assisted."

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 remained good. This meant people's needs were met through good organisation and delivery.

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

- People told us their care plans had been reviewed and they had been involved. However, some records we viewed showed changes in people's needs were not always recognised or recorded in a timely way. We have addressed this under the domain of well-led.
- People's care and support plans provided guidance for staff on how to meet people's needs and minimise some risks. Staff supporting them had a good understanding of their personal preferences. This enabled them to provide personalised care tailored to the needs and wishes of the individual

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.

- The staff identified people's communication needs and they were recorded as part of the care plan.

Improving care quality in response to complaints or concerns

- The registered manager had regular communications with people and any concerns or complaints had been dealt with as they had arisen.
- People told us they could approach the management about any concerns they had. One person said, "Management are very easy to communicate with and helpful." One staff member told us, "Even if I have a small concern or something is wrong, I can contact the registered manager."

End of life care and support

- At the time of the inspection no one was receiving end of life care. The registered manager told us they would work closely with the local primary care teams to support people who might come to the end of their life.

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 there were shortfalls in service leadership and did not assure the delivery of safe high-quality care.

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

- The provider's systems and processes in place for the oversight, quality monitoring and safety of the service were not effective in detecting the concerns we found during the inspection in ensuring safe care and treatment
- Some regular audits had been undertaken. However, these were not effective or robust enough in highlighting the concerns we found with recruitment, records for managing medicines and risk management. These shortfalls put people at risk of not receiving safe and good quality care.
- The systems and processes used to record people's care needs were not always effective in ensuring information available was always accurate and current.
- Accidents and incidents had not always been documented effectively therefore we could not be reassured what or if actions had been completed.

We found no evidence that people had been harmed. The provider had failed to ensure robust oversight of the service in order to assess, monitor and improve the quality, safety and welfare of service users, who were put at risk of harm. This was a breach of regulation 17(1)(2) good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

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 registered manager knew how to share information with relevant parties, when appropriate. However, the managerial oversight of accidents and incidents records to ensure appropriate action had been taken and reporting processes were not always effective.

Continuous learning and improving care

- The registered manager took immediate action during the inspection, and we saw improvements had been made to address the shortfalls found on the first day. However, the consistency of the management and oversight of the service is yet to be evidenced.
- The provider had commenced work on the implementation of electronic care and management records. Part of the electronic system was already in use and this provided some reassurances about current information being readily available to the registered manager.
- The leadership in the service responded positively to the shortfalls identified and people's experiences of the service do not appear to have been impacted by the failings we identified.

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

- The provider had systems in place to gather the views of people and relatives. Recent surveys had been completed but records did not show they had been analysed to show how the service could improve.
- Staff views were sought through regular meetings, supervisions. Feedback from staff was positive. One member of staff told us, "I feel supported in my role for me to be able to deliver good care to clients."
- Person-centred care was promoted. The registered manager and staff demonstrated a commitment to people, and they displayed person-centred values. People's choices were respected, and staff supported them to achieve good outcomes.

Working in partnership with others

- The registered manager and staff worked effectively in partnership with community health care professionals from multidisciplinary teams to achieve good outcomes for people.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The assessment, monitoring and mitigation of risks to the health, safety and welfare of people using the service was not robust and the management of medicines was not always safe.</p>
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to ensure robust oversight of the service in order to assess, monitor and improve the quality, safety and welfare of service users, who were put at risk of harm.</p>
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The recruitment practices were not robust enough to show staff had been adequately checked before they commenced employment.</p>