

MK Executive Care Services LTD

MK Executive Care

Inspection report

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16 August 2023

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

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 54 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.

MK Executive Care is registered to provide personal care to people living in supported living settings, to enable people to 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. At the time of this inspection MK Executive Care were not providing personal care to any people living in supported living settings.

People's experience of using this service and what we found
People told us they felt safe with the staff providing their care. Individual risks to people's safety were assessed and risk assessments were in place for staff to follow.

People's dependency levels were assessed and enough staff were deployed to meet people's needs. Recruitment systems ensured only suitable staff were employed to work at the service.

People were supported safely with their medicines. Staff received training in the safe administration of medicines and their competency to safely administer medicines was assessed. Staff received training on infection control and followed the procedures to prevent the spread of infections.

People told us they received support from staff they knew and trusted. We received comments such as, "The staff were nice and kind to me," and, "It is a caring service, I'm happy with the staff who come to me; I'm pleased I have them."

People received support to eat and drink enough to maintain a balanced diet.

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 / or relatives were involved in putting together their care plans. Information was available on people's likes and dislikes, hobbies and interests. This meant staff could engage with people discussing topics that were of interest to them. Records showed care plans were reviewed regularly and updated as people's needs changed.

People's communication needs were identified and described in individual communication support plans.

A complaints policy was available, and records showed complaints were responded to appropriately.

An electronic care monitoring system was embedded into practice and was used to enable the registered manager and the management team to have full oversight over all aspects of the service. The system tracked care calls and created alerts when calls took place outside of the scheduled hours. Routine audits and checks were completed to monitor the quality of the service, such as care plan and medicine record audits, and care visit monitoring.

Feedback was sought from people using the service to identify areas for further improvement. People and relatives spoke positively about the care and support they received from 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

Why we inspected

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 08 February 2022).

At the last comprehensive Inspection (published on 29 October 2021) the provider was in breach of regulations 9 and 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

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

The overall rating for the service has changed from requires improvement to good. 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 reinspection 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 safe.
Details are in our safe findings below.

Good ●

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

Good ●

MK Executive Care

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 completed by 1 inspector and 3 Experts by Experience. 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. The registered manager was also the nominated individual for the service. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

Notice of inspection

This inspection was announced. We gave the service 48 hours' notice of the inspection. This was because we needed to ensure the registered manager would be available and arrange for people using the service to be contacted by the Experts by Experience to seek feedback on their experiences of using the service.

The inspection activity started on 24 July 2023 and ended on 16 August 2023. We visited the office location

on 16 August 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. We used all this information to plan our inspection.

During the inspection we spoke with 8 people using the service and 5 relatives to hear about their experience of the care and support received from the service.

We spoke with the registered manager, the deputy manager and the company director. We sent feedback requests to 8 care staff and received 2 responses. We reviewed a range of records, including 4 people's care records, medicines records, and a variety of records relating to staffing and 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.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- A safeguarding policy was in place and followed to protect people using the service from the risks of abuse.
- All staff received training on safeguarding adults and children. This meant staff had been provided with the right guidance and knowledge on what to do in response to any potential safeguarding issues arising.
- 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.

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.
- Moving and handling care plan summaries were in place. One person said, "All the staff came and learned how to use my equipment which is very reassuring. I have a mobile hoist and a ceiling hoist and a stair lift. This means I can live in my own home safely and as fully as possible. I feel completely safe when they [staff] move me."
- Systems were in place to report, record, follow up and review incidents and accidents. Management meetings took place, at which incidents, safeguarding concerns and complaints were discussed.

Staffing and recruitment

- People told us the staff were friendly and supportive. One person said, "I am happy with the service I am receiving, certainly since I have had live-in carers. They [staff] each stay for 2 weeks then they change over. The hourly carers come in each day to supplement this and help move me safely. They use a hoist to get me out of bed and help me to bathe and transfer me. They are very capable."
- People using the service and relatives told us the staff usually attended the calls at the agreed time. One person said, "They [staff] keep me informed if they are running late. They are and always have been utterly reliable. Any issues have been resolved by calling me or popping in to see me. They treat me as an individual in my own home. It is nice to be treated as 'me' rather than a number on a list of people to visit. I feel comfortable with them."
- The provider used an electronic call monitoring system which generated an alert whenever care calls fell outside of the scheduled times or were missed. "One person said originally the hourly carers came too early but when I discussed this with the manager they changed it to a bit later, it has stayed this way and works well. They [staff] are rarely late but will phone if this is going to be the case."

- Systems and procedures were followed to oversee and track staff recruitment. This included pre-employment checks and Disclosure and Barring Service (DBS) checks. The DBS confirms if individuals have any criminal or barring record which helps employers make safer recruitment decisions.

Using medicines safely

- Where the provider took on the responsibility, people were supported to take their medicines as prescribed. One person said, "My first medication, I am given half an hour before food by the carer, the middle of the day medicines I manage myself and the carer gives me my evening medicine. I've never had any problems with the support I get from the carers to take my medicines."
- Staff told us and records showed they received medicines training and medicines administration competency observations. This meant people were safely supported to take their medicines as prescribed and in line with their individual preferences.
- Medication administration records (MAR) audits were completed by management staff to check staff maintained accurate medicines records.

Preventing and controlling infection

- People confirmed that staff used personal protective equipment (PPE), such as gloves, aprons, and face masks, if required. One person said, "They [staff] all wear appropriate PPE and dispose of it safely in the bin."
- Staff received training on infection prevention and control, including COVID-19 during the pandemic.

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, Good 10 Ultimate Care and Support Services Ltd Inspection report 08 August 2023 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.

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.

- We found the service was working within the principles of the MCA. People using the service and their relatives all commented that staff treated them with dignity and respected their choices. For example, one person said, "All my carers are female, I prefer this as they perform personal care, they respect my privacy and dignity. They respect that I can do things some days and not on others." Another person said, "I feel fully involved with making choices, the carers ask me every morning what I want to do."

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 Requires Improvement. At this inspection the rating has changed to 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

- People's needs were assessed, and people and / or relatives were involved in care reviews.
- People's support plans had sufficient information for staff to follow in order to meet their needs.

Staff support: induction, training, skills, and experience

- People were supported by staff who received training appropriate to their roles and responsibilities. Records showed all staff had completed induction training and training specific to the needs of the people they supported.
- Staff confirmed when first starting with the service they worked 'shadow shifts' alongside experienced colleagues while they got to know the person they supported. A member of the senior management team introduced new staff to the people they were assigned to support.
- Staff confirmed they received sufficient support from the registered manager and the management team.

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

- Staff supported people to follow a varied healthy diet and monitored the food and fluid intake for people at risk of malnutrition.

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

- Staff worked with other services and professionals to support people to lead healthy lifestyles. For example, district nurses, GPs and social workers.

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.

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 service was working within the principles of the MCA. People using the service and their relatives all commented that staff treated them with dignity and respected their choices. For example, 1 person said, "I feel fully involved with making choices, the carers ask me every morning what I want to do."

- Where people lacked capacity to make particular decisions, best interest decisions were made on their behalf following the principles of the MCA.

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 requires improvement. At this inspection the rating has changed to 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; Supporting people to express their views and be involved in making decisions about their care

- The service promoted a culture of inclusion, diversity, and equality. Staff received training on equality and diversity that was embedded in supporting people's protected characteristics.
 - Staff treated people well and involved people in making daily choices about their care preferences. One person said, "We were initially really anxious about having carers in, my husband was apprehensive, but from the second day I said, 'why did not we do this earlier?' The carers are absolutely fantastic." Another person said, "I am fully involved with making choices, the carers ask me every morning what I want to do."
 - Staff were friendly and cared for people with kindness and compassion. Feedback confirmed this. One person said, "The staff are very nice and are kind to me." Another person said, "It is a caring service, I'm happy with the staff who come to me; I'm pleased I have them."
 - People's care plans had information on their communication needs and preferences. For example if they used hearing aids or glasses and any support they needed from staff with these. . This helped people remain independent and make choices.
 - People received support from a diverse and multi-cultural staff team. A relative said, "They [staff] are all competent in English. They are mostly from [Named countries]. Staff are all friendly and cheerful and engage in conversation with us."

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

- Staff ensured people's right to privacy was respected and information was only shared with people's consent and with relevant agencies involved in people's care and support.
- People were supported to maintain their independence as far as possible. This included staff supporting people with tasks according to their level of need and in line with their preferences. One person told us, "All my carers are female, I prefer this as they perform personal care, they respect my privacy and dignity. They respect that I can do things some days and not on others."

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 requires improvement. At this inspection the rating has changed to 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

At our last inspection the provider had failed to ensure people received personalised care. This was a breach of Regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- People and / or relatives were involved in putting together personalised support plans. One person said, "They occasionally phone me up for my opinions and the manager has been out to have a chat which was nice because it meant we could get to know each other a bit better."
- Records showed people's care plans were reviewed regularly and updated as people's needs changed.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain contact with people that mattered to them.
- The care plans had information available on people's likes and dislikes, hobbies and interests. So that staff could engage with people discussing topics that were of interest to people.

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 identified and described in individual communication support plans.
- Information was also available for people in large print when required.

Improving care quality in response to complaints or concerns

At our last inspection the provider had failed to have robust records available to evidence complaints were investigated thoroughly. This was a breach of Regulation 16 Receiving and acting on complaints of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 16.

- A complaints policy was available, and records showed that complaints were responded to and investigated appropriately. A relative said, "They are ok, we are getting on all right with them. We have no concerns at all."

End of life care and support

- The provider had an end-of-life policy in place, which gave people and their relatives the opportunity to share their views as part of end-of-life care planning.
- At the time of the inspection, the service was not supporting anyone who required end of life care.

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 requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care

- Since the last inspection an electronic care management system had been fully embedded. The system gave the provider instant access to monitor the care people received and review and update care records as necessary. This meant the provider had full oversight over all aspects of the service.

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 invited people and relatives to provide feedback on the service they received. To give opportunities to suggest any changes or improvements to the service. Staff confirmed feedback from people using the service was shared in staff meetings to give the opportunity to learn from it and improve the service.
- Staff told us they had opportunities to discuss any issues formally during meetings or informally as issues arose.
- A secure social media chat platform, and email channels gave staff direct access to senior management to receive relevant updates, information, and further guidance. One staff member commented that a team spirit was very present in the company, and that staff members and management worked hand-in hand. Another said, "I can pick up my phone and ring or send a message to anyone within the company without fear or hesitation as I am certain I will be listened to and granted audience."

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

- The registered manager and the management team understood their individual roles and responsibilities, in order to provide consistent care for people using the service and continually drive quality improvements. Staff commented the management team were very approachable and supportive. A staff member said, "The communication lines with the management team were honest and open on how the company is progressing."
- Staff performance was monitored, appraised, and recognised. A staff member said, "Each staff member's performance is reviewed, we receive feedback even when it is identified some areas need improving. During the monthly staff meetings, the 'best staff' for the month are announced and congratulated."
- The management team and care staff worked with health professionals, such as GPs and district nursing staff to ensure people's needs were met.

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 provider was aware of 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).
- Records showed that systems and processes were followed in response to complaints and incidents.
- 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.