MD Care Ltd

MD CARE LDT T/A KARE PLUS BASILDON

Inspection report

Suite 7 Riverside House
Lower Southend Road
Wickford
Essex
SS11 8BB

Tel: 01268560246
Website: www.kareplus.co.uk/basildon

Date of inspection visit:
16 October 2018
17 October 2018

Date of publication:
21 November 2018

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?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on the 16 October and 17 October 2018 and was announced. We spent one day at the office, and made telephone calls to people.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older adults. On the day of our inspection, there were 40 people using the service, all of which received personal care.

At the last inspection on the 20 March 2018, we rated this service as requires improvement overall. We found breaches in regulation under the Health and Social Care Act, 2008. This was because risk assessments were not always in place and people's medicines were poorly managed. There were insufficient staff which affected the quality of care people received. People's needs were not always assessed and care plans were not detailed. The provider did not have a robust governance processes in place to mitigate concerns about the safe running of the service.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions, safe, effective, caring, responsive and well led to at least good. At this inspection we found the registered provider had improved and was now good overall.

At the last inspection, the registered provider had struggled to recruit enough staff, which had affected, on the quality of care people received. At this inspection this had improved, and people told us staff arrived on time when they should have done and stayed for the agreed amount of time.

The service has a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

Staff had a good understanding of how to manage medicines, and safeguarding matters. People's received their medicines in the right time and in the right way. There was enough staff available to ensure people's wellbeing, and safety. People told us staff turned up on time and stayed for the duration. A robust recruitment and selection process was in place.

People are supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice.

Staff were kind and caring and had developed good relationships with people using the service. Relatives confirmed staff looked after people well. People were provided with the care and support, they needed to stay independent.

People were involved with care planning. Staff knew people well and were aware of their personal histories. People who used the service felt they were treated with kindness and said their privacy and dignity was respected. Positive relationships had developed between people and the staff that supported them. Information included guidance for staff so they could follow a structured approach when supporting people to live their day to day lives.

Surveys were carried out to seek the views of people who used the service. However, this information was not used to continuously improve the service and to make improvements. Spot checks, and care planning review meetings were carried out on a regular basis, but the audit process needed to be developed to ensure robust systems were in place, that monitored the quality of the service.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service had improved and was good.

Staff understood their responsibilities to keep people safe and to report any suspected abuse.

Risk assessments provided information for staff to understand how to support people in a safe way.

People received their medicines in the right way and at the right time.

Is the service effective?

Good

The service had improved and was good.

Staff were trained and had been were inducted into their role.

Staff were aware of the requirements of the Mental Capacity Act. Signed consent was recorded within each care plan.

Is the service caring?

Good

The service had improved and was good.

People and their relatives told us staff were kind and caring.

Staff could describe how they protected people's privacy and dignity when delivering care.

Is the service responsive?

Good

The service had improved and was good.

Assessments had been carried out and care plans were in place which set out how to meet people's needs.

People knew how to complain if they needed to, and complaints were dealt with in a structured way.

Is the service well-led?

Requires Improvement

This service had improved from inadequate to requires

improvement.

The registered provider was developing the ways in which they audited the service.

Information obtained through surveys, was not being used to drive improvements.

MD CARE LDT T/A KARE PLUS BASILDON

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We gave the service 48 hours notice of the inspection visit because the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in. The inspection was carried out by one inspector and one expert by experience. An expert by experience is a person who has experience of this type of service.

Inspection site visit activity started on 16 October 2018 and ended on 17 October 2018. We visited the office location to see the manager and office staff; and to review care records and policies and procedures.

We reviewed all the information we had available about the service, including notifications sent to us by the provider. A notification is information about notable events, which the provider is required to send us by law. We used this information to plan what areas we were going to focus on during our inspection. We also reviewed the information the provider had given us in their Provider Information Confirmation (PIC). This form asks the provider to give some key information about the service, what the service does well, and the improvements they plan to make. We also sought feedback from commissioners who had funded people to use the service and monitored the service. Where feedback has been provided this has been included within the report.

We looked at the care records of four people and four staff recruitment records. We looked at other information related to the quality of the service. This included quality assurance audits, training information, minutes of meetings with staff and arrangements for managing complaints.

We spoke to the two company directors, the registered manager and four members of staff. We also spoke with four people and four relatives.

Good

Is the service safe?

Our findings

People told us they felt safe and we received positive feedback from people about the support they received. One person said, "It is extremely good. The staff are very well trained." A relative said, "Yes. We have not had any problems. They have a good relationship with them."

At the last inspection, we found improvement was needed to ensure people had care visits on time, received their medicines in the correct way, and had risk assessments in place. At this inspection we found improvements had been made.

Systems were in place to promote people's safety. Risk assessments identified risks to people's safety, and provided information for staff to understand how to support people if they were at risk of falls, malnutrition, dehydration, or if they were at risk of developing pressure ulcers.

People told us they got their medicines on time and as prescribed. Arrangements were in place to support people's medicines safely, if this was needed. Information recorded in the Medication Administration Record Sheets (MARs) confirmed people had their medicines as prescribed, and there was information in people's care plans, providing guidance for staff about how to administer people's medicines correctly. One person said, "All of it works really well. They don't miss anything." A relative said, "It works well. We have had no problems." Staff had been trained to administer medicines, and their competency had been checked to ensure they understood and could administer medicines safely.

At the last inspection, the registered provider had struggled to recruit enough staff, which had affected, the quality of care people received. At this inspection this had improved, people told us staff arrived on time and stayed for the agreed amount of time.

The rota system had been changed and was run in a more organised and effective way. The registered manager said, this had been the first thing they wanted to change, with the aim of improving people's satisfaction around visit times, and to provide people with consistent staff. People confirmed this had improved. One person said, "The timekeeping is really good. I usually know who is coming. I have got regular staff." Another person said, "It's the same person and it works very well." A relative said, "It's near enough right on all the time. We've never had any issues, we have the same person."

People were protected from the risk of infection. Staff had been given infection control training and had personal protective equipment (PPE) to use. For example, disposable gloves, aprons and foot covers. People told us staff wore gloves which they would bring with them. They also said staff wore a uniform and looked clean and tidy.

Systems and procedures were in place to safeguard people. Staff attended training and were knowledgeable about how to identify abuse. Staff and the registered manager knew how to report concerns in the right way. Staff told us they were confident the registered manager would act to deal with any safeguarding concerns raised with them. Team meetings were used to share information about the service

when things had gone wrong.

Good

Is the service effective?

Our findings

People told us they were supported by staff who were trained and knowledgeable. One person said, "They are really well trained and know what they are doing." Another person said, "They know what they are doing and they explain things clearly."

At the last inspection, improvement was needed to ensure staff had regular supervision and appraisals and that they had received trained in specialist subjects. We found people had not always given their consent to receive the care they needed. At this inspection we found improvements had been made.

All staff received an induction and training programme. Staff were encouraged to complete the care certificate or further qualifications in Health and Social care. Mandatory training was completed along with specialist training, such as, advanced communication and catheter care.
Staff told us they had regular supervision and records confirmed this. The registered manager said they had not carried out an appraisal of people's work. This was planned to take place at the end of the fiscal year.

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 Act 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. We checked whether the service was working within the principles of the MCA and found that staff had a good awareness of capacity and consent. Staff had completed Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) training.

People told us staff asked for their consent before carrying out care tasks. We inspected people's information and found consent had been obtained and was recorded within each care plan. Where a person had a lasting power of attorney in place it was recorded. A lasting power of attorney (LPA) is a way of giving someone the legal authority to make decisions on a person's behalf if they lack mental capacity. When a person did not have a lasting power of attorney in place, records relating to the court of protection was also considered. At the time of our inspection no one needed the support of an Independent Mental Capacity Advocate (IMCA). An IMCA provides statutory advocacy and gives some people who lack capacity a right to receive support from an IMCA.

People told us they were supported to eat and drink in a safe way, and their food preferences and choices were recorded. People's care plans contained information about people's health needs and professional's involvement. One person's care plan showed the provider worked with other health professionals, to support a person with pressure care needs.

Good

Is the service caring?

Our findings

People told us staff were kind and caring towards them. One person said, "Yes definitely. They spot things that I can't see and tell me so I can decide what to do." Another person said, "They are caring. [Name of staff] will chat with me and we have gotten to know each other. A relative said, "They engage with [name] and treat them as a person."

People had been involved in their care arrangements and the care planning process. Information In people's care plans recorded the tasks that needed to be done. The registered manager reviewed people's support plans and made changes when this was required. People told us they felt consulted when the registered manager met them to explain about how the service run, and to assess their needs. One person said, "I have been involved in my care plan. We always chat things through."

Staff treated people in a dignified and respectful way, and had been trained in dignity and respect as part of their induction. Staff told us when supporting the person, they ensured they protected their privacy, by making sure doors and curtains were closed when giving personal care, and encouraging people to do as much as they could for themselves. One person said, "They always knock on the door and treat me respectfully." Staff communicated well with people and people told us good relationships had developed between them.

People told us staff understood how they needed to be supported and could describe, things that were important to them. Staff understood about the impact their visits made to people's lives. For example, one staff member told us how important it was to take the time to encourage people, to do as much as they could for themselves, so they could be as independent as possible.

At the time of the inspection nobody at the service needed the help of an advocate, but the registered manager said they would be able to link people with their local service. Advocacy seeks to ensure people, particularly those who are most vulnerable in society, can have their voice heard on the issues that are important to them.

Good

Is the service responsive?

Our findings

We received positive feedback about the responsiveness of the service and people told us staff responded effectively to their needs.

At the last inspection, we found improvement was needed around the way changes were communicated, people's care plans had not always been reviewed, and complaints were not always responded to in a timely way. At this inspection we found this had improved.

Care records held referral information from the local authority and health commissioners, and included a breakdown of people's care and support needs. Assessments were in place which covered a wide range of topics, from moving and handling, to people's day to day care needs.

Each person had a care plan in place, with guidance for staff about how the person preferred for their care to be delivered. The registered manager told us they wanted to develop the care planning process further and were working through them to make sure they were more holistic. For example, the registered manager told us they were looking at way the service could meet the accessible information standards. From 31 July 2016, all organisations that provides NHS care or adult social care are legally required to follow the Accessible Information Standard. This means people's sensory and communication needs should be assessed and supported.

At our last inspection, some people told us they did not like the new computer system because it meant their relatives were unable to check when staff had visited and what had been done. The director said, "We identified people who preferred paper. We listened to them, and use paper care plans. This is what they want and we do it the way they prefer."

People were positive when we asked if they were confident, complaints would be responded to appropriately and action taken. When a complaint had been received, people were provided with a formal response, setting out what action the service would take. There had been no complaints raised since the last inspection, but they had received a compliment. This said, "I would like to say a big thank you, for your support and care."

Information detailing people's preferences at the end of their life was recorded and guidance was available for staff. Where appropriate a DO not Resuscitate Record (DNAR) was in place. A DNAR is a way of recording the decision a person, or others on their behalf had made that they were not to be resuscitated in the event of a sudden cardiac collapse.

Requires Improvement

Is the service well-led?

Our findings

At our last inspection, the service did not have an effective governance process in place to assure the quality of the service people received. At this inspection, we found some improvements had been made, but this area still needed to be further development.

The registered provider had access to a portal which had a range of quality assurance tools, but were not using these to audit and check the quality of the service. For example, people received their medicines in a safe way. The registered provider did not audit the medication administration records (MARs) when they were returned to the office. The registered manager said this was an area they planned to improve. After the inspection, the director sent us information telling us what they were going to do to start monitoring the quality of the service.

Surveys to obtain people's feedback had been carried out, and these were kept in people's care plans. The director explained they had looked at each survey individually and responded to them, but had not recorded this.
The director said, "We are developing the registered manager function and will ensure they fully use the tools available to improve the quality of the service. We feel positive about the changes that have been made. We still have a way to go, but we are making progress."

The director said one of their priorities since the last inspection, had been to recruit a new registered manager and office staff. Two months prior to the inspection, a registered manager had been recruited, and had recently registered with us.

A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

At our last inspection, staff roles had not always been defined. Since the last inspection the service had recruited and had defined the staff roles. For example, administration support now supported the registered manager. The registered manager had been working alongside other staff to make improvements to the service and had started to develop partnerships with other organisations to look at how they could keep up to date with best practice.

The service held staff meetings and kept records for staff who could not attend and they were given a copy. The registered provider continued to use these meetings as an opportunity to refresh staff knowledge and talk about the service.

People told us the service had improved and would recommend the service to their friends and family. One person said, "Yes I do think it's well managed." Another person said, "Yes I'm happy. It's very good and I would recommend it." A relative said, "Yes. It is much better than it was, say a year ago." Another relative

said, "We would recommend it."