

MK Care Services Limited

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## Inspection report

Photon House  
Percy Street  
Leeds  
West Yorkshire  
LS12 1EG

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Tel: 01134694213

Website: [www.mkcareservices.co.uk](http://www.mkcareservices.co.uk)

## 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

### About the service

MK Care Services is a domiciliary care agency providing personal care to adults living in their own homes, some of them required end of life care. At the time of the inspection, the service was supporting five people.

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

People using the service and their relatives were complimentary about the care provided and they all felt safe. One person said, "They do a fantastic job."

Some records kept in the office required further detail to ensure these were current and contemporaneous. We saw there were quality assurance processes in place which were proportional to the current size of the service, however, its effectiveness could be improved as improvements in the recording of medication, mental capacity assessments and some details in people's care plans had not been identified previously by the registered manager.

Overall medication was managed well, however improvements were required in recording the support provided with prescribed creams and staff's competency assessments. We have made a recommendation for the provider to consult and implement relevant guidance and best practice in relation to administering medication in the community.

Risks to people's care were well managed. Risk assessments were in place to identify and manage risks to people and staff. However, some risk assessments and care plans held in the office were not always as detailed as the ones in people's homes. Staff and the registered manager were knowledgeable about identifying and reporting safeguarding concerns. The provider recruited staff safely and ensured staff followed safe infection control practices.

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 practise. Improvements were required in how the provider was recording relevant discussions and decisions about the care of people who lacked capacity to make decisions. We have made a recommendation for the provider to always complete these records and to consult relevant guidance and best practice in relation to the Mental Capacity Act 2005.

People received support to maintain good nutrition and hydration and their healthcare needs were understood and met. The provider kept in close contact with relevant healthcare professionals.

People and relatives told us the service had a positive impact on their lives and staff were caring and compassionate.

The provider was caring for people with complex health conditions and some required end of life care. Most

care plans were detailed, and person centred; these were updated when required. Staff knew people well and had the necessary skills, training and support to carry out their jobs safely and effectively.

The service had not received any complaints. People and family members were confident that any concerns or complaints would be listened to and acted upon quickly by the registered manager.

We received positive feedback about the registered manager being approachable. There was a clear vision about the quality of care the provider wanted to provide and the registered manager told us about their plans to further develop the service and the resources they were accessing.

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

This service was registered with us on 6 March 2019 and this is the first inspection.

#### Why we inspected

This was a planned inspection based on when the service was first registered with the CQC.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection 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 not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

# MK Care Services Limited

## 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 Care Act 2014.

#### Inspection team

This inspection was conducted by one inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses.

The service had a manager registered with the Care Quality Commission. 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.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the registered manager would be in the office to support the inspection.

#### What we did before the inspection

Before the inspection, we reviewed all the information we held about the service including information about important events which the service is required to tell us about by law. We requested feedback from other stakeholders. These included the local authority safeguarding team, commissioning team and Healthwatch Leeds. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. We used all of this information to plan our inspection.

#### During the inspection

During the inspection, we spoke with two people who were using the service and three relatives about their experience of the care provided. We spoke with three staff members; this included the registered manager and care workers. We looked at care records for two people using the service including medicine administration records. We looked at training, recruitment and supervision records for staff. We also reviewed various policies and procedures and the quality assurance and monitoring systems of the service.

After the inspection

We received information from the registered manager with additional evidence. This was used as part of our inspection.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

### Using medicines safely

- People received their medicines as needed. The provider worked closely with people's families to ensure the medication was ordered and administered correctly. For example, we saw staff indicated on people's medication administration records (MARS) when medication had been given by family. This prevented the risk of people missing their medication or having more than their prescribed dosage.
- Staff were supporting one person with their prescribed creams however records were not being completed on a topical MARS. The registered manager told us they would implement this immediately.
- Staff were trained in the administration of medicines and could describe how to do this safely. The registered manager told us they assessed staff's competency to complete this task during their spot checks. However, the provider was not keeping a specific record about how often staff needed to have their competency assessed or which specific areas had been assessed, such as their competence to follow prescription instructions or how to deal with a medication error.

We recommend the provider consults and implements good practice and guidance in recording administration of medication and competency assessments for staff.

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

- The service provided safe care to people. All people and relatives we spoke with told us they felt safe. One person said, "Absolutely [safe]".
- Staff had a good knowledge of the types of abuse, the safeguarding procedures and who to inform if they had any concerns or concerns had been raised to them.
- In our conversations with the registered manager, we were assured appropriate steps had been taken, when potential safeguarding concerns had been identified. We noted the registered manager had not submitted one statutory notification in relation to concerns about a person using the service; we discussed this with them, and the appropriate notification was submitted immediately.

### Assessing risk, safety monitoring and management

- Risks related with people's health, care needs, and people's home environment had been assessed.
- Most people's support plans and risk assessments had information and guidelines to help staff provide care in a safe and person-centred way, based on people's needs and the support they required.
- Some risk management plans kept in the office required more information. For example, one person was supported by staff to be transferred with the help of a hoist; there were no details about how this transfer was completed. The registered manager told us this information was in the person's file at their home and staff we spoke with were able to describe us how to do this transfer safely. We discussed these issues with the registered manager and they updated the records accordingly.

### Learning lessons when things go wrong

- Staff knew how to safely deal with accidents and incidents such as a medical emergency and were confident that any concerns raised would be acted upon by management.
- There had not been any accidents and incidents since the provider had started providing care. The registered manager told us they had created a matrix to records any accidents, when required. The registered manager told us they were receptive to implementing changes if needed. For example, they told us they had identified people's Do Not Attempt Cardio-pulmonary Resuscitation (DNACPR) orders where not always immediately visible and were changing this.

### Staffing and recruitment

- People and relatives told us they were supported by a team of regular care workers and staff stayed for the allocated time. One relative said, "[Person] feels comfortable with the people who come in the house, there is continuity and we have built that trust and relationship."
- Staff told us they had enough time to spend with people to allow them to complete all the necessary care tasks and have a conversation with people and their relatives.
- The service followed safe recruitment practices. The provider had a staff recruitment procedure in place. The process assured the provider employees were of good character and had the qualifications, skills and experience to support people using the service.

### Preventing and controlling infection

- People were protected against the risk of infections.
- Staff had completed training in infection control and food hygiene and told us protective equipment was made available such gloves and aprons.
- People told us staff used the equipment appropriately which helped to protect people against risks of cross contamination and no one reported any issues with the standard of hygiene when receiving care.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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 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.

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 told us staff always asked for their consent and respected their choices. Relatives felt staff were polite and respectful towards their family members and respected their decisions.
- Staff had received MCA training and understood how to implement the MCA's principles in the delivery of care.
- The registered manager was aware of their responsibilities in relation to the MCA. However, records did not always evidence decision specific mental capacity assessments and best interest decisions had been completed. The registered manager told us they were going to review this area immediately. As part of this inspection, we did not find evidence showing people were receiving care that was not in their best interests.

We recommend the provider consults and implements relevant guidance in recording mental capacity assessments and best interest decisions.

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

- The registered manager told us people's care needs were assessed before commencement of the service to identify the support they required and to ensure the service was able to meet their needs.
- People's care plans included relevant information already gathered by the relevant healthcare professionals and health commissioners of the service. These included information about people's personal preferences, physical and emotional needs.
- Care plans had information about the outcomes people and relatives wanted to achieve when receiving

the service.

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

- Staff supported some people with their nutritional and hydration needs. We saw examples of staff working closely with people's family to ensure this support was appropriately provided to people according with their preferences and dietary requirements.
- Some people using the service were at risk of losing weight due to their health conditions. This was well documented in people's care plans as well as the support provided by healthcare professionals such as dieticians. Staff told us how they encouraged people to eat and drink in line with their care needs.

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

- The service kept in close communication with families and healthcare professionals such as district nurses, occupational therapist and physiotherapist for guidance and support.
- The registered manager and staff were knowledgeable about people's health needs and people had been referred to health professionals when required, to address any changes in their needs.
- One relative told us staff were proactive in offering support; they said, "They have asked us if there is more that we need; I had an appointment and it was proving a bit difficult, so they suggested a sitting service. We haven't use it, but it was an important bit of information."

Staff support: induction, training, skills and experience

- People and relatives told us staff had the skills and knowledge to provide appropriate care.
- Staff told us they had completed an induction before working alone, this had been provided by the registered manager and records confirmed this. One staff member told us they found the induction period very useful as they were able to go through the "company's expectations, policies and procedures, employee handbook and what kind of training" they needed.
- Staff had received appropriate training to meet the needs of people. We reviewed the training matrix and staff files and we saw training was up to date. We saw staff had received specific training due to people's needs, for instance staff had received training in providing end of life care and working with people with Parkinson's disease.
- Staff were supported by regular supervision and told us their supervision meetings were supportive and they were able to discuss subjects that were relevant to their jobs. One staff member said, "There is ongoing supervision, they are very useful."

# 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.

This is the first inspection for this newly registered service. This key question has been rated 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

- People and relatives were positive about the care provided by MK Homecare and told us it had a positive impact on their lives. People's comments included, "It is like we are friends, we have a relationship, it is a relationship of attention" and "I feel they are like part of the family." Relatives said, "They are really good, ticked all the boxes" and "Overall, I think it is fantastic, it has been life changing for us, we have quality time together, it gave us the quality of time to be a couple again".
- All of the people and relatives we spoke with told us staff were kind and caring. One relative told us how staff were kind not only to their loved one but also to them; they said "It is quite nice when they come in the morning. [Staff ask] how are you today, it is really nice. One staff said, you don't have a smile on your face today, are you ok? It was very human, they are very pleasant people."

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

- We saw evidence of reviews of care taking place and involving relevant people.
- The provider had asked for feedback from people, relatives and healthcare professionals about the support provided to people and we noted this feedback was positive. Comments from a healthcare professional stated, "They [person and their relative] expressed staff were part of the family and provide excellent compassionate care."

Respecting and promoting people's privacy, dignity and independence

- People told us they were treated by staff with dignity and respect. One person said, "I am satisfied and happy from the conversations and with the people [staff] who come, they are very respectful." One relative told us staff appropriately supported their loved one with personal care; they commented, "They [staff] are ever so discrete, put a towel over, very discrete and very dignified."
- People's independence, choice and control was promoted. People told us staff respected their choices and one relative explained to us how staff promoted independence when caring. They said, "[Relative] has very limited independence but If for instance [person] wants to do some washing up, they [staff] will help [person] wash up and dry up."

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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

- Most people's care records were individualised and reflected a person-centred approach to care. For example, people's health conditions were described in their care plans to ensure staff had the necessary knowledge. Some details about the specific tasks staff were completing on each care visits were not included in the some of the care plans. The registered manager told us this information was detailed in the documentation held in people's homes and that they would update the documentation in the office without delay. Staff were able to describe us in detail how they supported people and people told us staff were doing a good job.
- Some people required equipment to meet their needs. For example, one person self-managed their own equipment to help their respiratory condition but information was also available to staff, if they ever had to help the person with this equipment.
- Records of daily delivery of care showed people's care plans were being followed by staff.

End of life care and support

- Some people being supported by MK Homecare required end of life care. Their needs and outcomes of care were described in their care plans and these also indicated relevant professionals involved in their care. For example, one person's care plan indicated their preferred place of care was at home but if their condition deteriorated, they would like to be cared for at the hospice.
- Staff had received training in providing care for people at the end of their life. Staff told us the registered manager offered additional support to staff, such as counselling, for staff who had care for people who had passed away.
- We saw the provider had received compliments from a relative of a person who had been cared for by staff during their last days. The comments include, "[Name of registered manager] and [name of staff] were very professional whilst doing their job, they were polite and friendly and really took the time out to make sure that both [relative] and [relative] were looked after. Thank you both so much."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed and considered when planning people's care. When people had difficulty in communicating, their relatives had been involved to ensure appropriate guidance was available to staff on how to communicate with people.

- One person told us, "Sometimes I can't speak and I can't walk but they [staff] understand that."

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

- Some people were supported by staff with one to one support at home to avoid social isolation and ensure people's needs were met while their relatives were taking a break from caring.
- We saw several examples of how the service was meeting the specific cultural needs of people and their families for example, by supporting people to eat their preferred meals.

Improving care quality in response to complaints or concerns

- People and relatives told us if they had any concerns, they would not hesitate to discuss them with staff or management and were confident their concerns would be acted upon.
- The registered manager had policies and procedures in place to manage complaints. The service had not received any complaint since registering.

# 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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant improvements were required in the service's management.

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

- There was a registered manager in place who was clear about their responsibilities, was knowledgeable about people's needs and had plans to continue developing the service. People, relatives and staff shared positive feedback about the registered manager. Staff's comments included, "[Registered manager] is always available" and "[Name of the registered manager] is approachable".
- During this inspection, we have made two recommendations in relation to improvements needed in the records of people's medication and mental capacity assessments. We also noted the information in some care plans in the office was not as detailed as the information held at people's homes. It is important that records related to people's care are accurate and contemporaneous to ensure staff and management have access to relevant information when delivering people's care.
- The registered manager carried out frequent checks and audits on the quality of the service. These quality assurance processes were proportional to the current size of the service. However, they had not always been effective in identifying the issues found at this inspection.
- The registered manager was open with the inspection process; they quickly acted on recommendations and demonstrated a willingness to continuously learn and improve.

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

- People and relatives told us they were satisfied with service and about the positive impact it had on their lives. One relative said, "We have two adult children and they have seen a difference in our wellbeing since the carers have been in."
- There was an open culture within the service. Staff told us that the registered manager was supportive, that they could raise concerns with them and they were listened to. One staff member said, "[Name of registered manager] really appreciates our feedback."

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

- There were systems in place to ensure effective communication with staff including staff meetings. Records showed staff meetings were being held regularly and relevant issues were discussed.
- The provider showed evidence of considering people's protected characteristics when planning and delivering care.

### Working in partnership with others

- The registered manager maintained good working relationships with partner agencies. This included working with commissioners and health and social care professionals, registered manager forums and other organisations who could support them in the delivery of care.