

Medical Express Ultimate Care Services Limited

Medical Express (Domiciliary Care)

Inspection report

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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? | Requires Improvement ● |

Summary of findings

Overall summary

About the service

Medical Express Ultimate Care Services Limited is a domiciliary care agency (DCA). It provides personal care to people living in their own homes. At the time of the inspection there was one person using the service. The registered manager also ran a care home and the DCA was based at this service. There was one member of staff who worked for the DCA and at the care home.

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

We contacted the person who used the service and they provided us with limited information, but they were happy with the care agency.

The provider was not following their medicines policy. We made a recommendation to the provider about this. The provider did not have robust systems in place for assessing risk. We made a recommendation to the provider to update their practice.

The registered manager did not have effective systems in place to monitor the quality of the service. Staff understood the provider's safeguarding policies and they had effective procedures in place to keep people safe.

Staff had access to appropriate personal protective equipment (PPE) to help prevent the spread of infection. Staff had access to training which was appropriate to their role.

The provider had systems for handling complaints and responding to incidents and accidents which they said they would follow when complaints were made or incidents occur.

The person was supported to have maximum choice and control of their life and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

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

Rating at last inspection

The service was registered with us on 26 October 2016. However, the service had long periods of time where they were not delivering personal care to anyone. This is the service's first inspection.

Why we inspected

We carried out this inspection following a routine review of information we held about this service. Our intelligence indicated there may be a higher level of risk at this service due to the length of time it had been registered and not been inspected.

Follow up

We will continue to monitor intelligence we receive about the service until we return. If any concerning information is received, we may return to 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 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 ●

Medical Express (Domiciliary 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 Care Act 2014.

Inspection team

One inspector carried out this inspection.

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.

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 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 would be able to speak with us.

What we did before the inspection

We reviewed all of the information that we held about the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at risk assessments and care plans. We spoke with one member of staff and one person using the service.

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.

Assessing risk, safety monitoring and management

- The provider completed risk assessments to identify the risks people faced. Risks had been appropriately identified but the risk management plan for one assessment was not robust enough to clearly inform staff of the action they needed to take to minimise potential risks.

We recommend the registered manager review their risk assessments and update them accordingly.

- The Registered manager had assessed the person's home environment and equipment being used to identify if there were any risks to the person or staff working at the home.

Using medicines safely

- The registered manager told us they did not currently administer medicines for people. However, staff were recording in the person's daily notes that they were giving the person their medicines. We discussed this with the registered manager who told us they were "prompting" the person with their medicines. However, within the provider's medicines policy there was no definition of what "prompting" entailed. The National Institute for Health and Care Excellence (NICE) guidance on the management of medicines for people receiving social care in the community advocates providing detailed and specific directions for what the care worker is required to do to support the person with their medicines.

We recommend the registered manager reviews their medicine policy to ensure it is following NICE guidelines.

Systems and processes to safeguard people from the risk of abuse

- There were effective systems in place to safeguard people from the risk of harm. The registered manager had clear policies which provided guidance on how to respond to allegations of abuse.
- Staff had up to date safeguarding training to help ensure they had the necessary skills and ability to recognise when people were at risk. The registered manager had clear systems in place to protect people against financial abuse.

Staffing and recruitment

- There were safe recruitment procedures in place. This helped to show us people were protected from the risks of unsuitable staff being employed to support them. The provider carried out pre-employment checks such as Disclosure and Barring Services (DBS) to ensure staff were suitable to work with people who needed care.
- The registered manager and one staff member supported the person with their care and when we

reviewed the call logs we saw there were no timekeeping issues and staff stayed the required length of time.

Preventing and controlling infection

- The registered manager had ensured staff had the necessary information and guidance to prevent and control the spread of infection.
- The registered manager had a COVID-19 risk assessment in place for supporting the person which meant staff had the necessary information to care for the person should they become unwell.
- Staff had weekly tests for COVID -19, and they were given regular information regarding changes to government guidance.

Learning lessons when things go wrong

- There were systems in place for the reporting of any accidents and incidents and the provider was aware of the procedures to follow. There had been no incidents or accidents at this service, so we were unable to see whether this process was used effectively.

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.

Staff support: induction, training, skills and experience

- The staff member felt supported, they told us, "Yes, the manager gives me enough support." The registered manager had one to one supervision meetings with the staff member and monthly team meetings. These meetings focused more on the care home. We raised this with the registered manager who recognised the need to have separate meetings which focused on the care within the domiciliary care setting.
- Staff completed mandatory training as part of their induction. Training the provider considered mandatory included, manual handling, effective communication, medicines training and safeguarding adults. Staff completed relevant refresher training annually to keep their knowledge and skills up to date.

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

- The registered manager had completed detailed assessments before the person started to receive a service. Assessments covered various aspects of people's health issues and we saw evidence that the person was involved in the assessment of their care needs.
- People's diverse needs such as culture, religion and language spoken were considered as part of the assessment process. This meant staff had the necessary information to care for this person.

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

- The person using the service was supported to eat and drink as this was part of their agreed care plan. Information about the support needed was included in their nutrition and hydration assessment.
- The person liked a particular cultural food and we read in their care notes how staff prepared this food for the person.

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

- The provider had worked with other agencies including healthcare professionals to meet the needs of the person. Staff confirmed they supported the person to attend health appointments.
- Care plans included detailed information about other health and social care professionals involved in the person's care.

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.

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.

- The provider had an MCA policy and staff received training on the principles of the MCA.
- At the time of the inspection the person was able to consent to their care. We saw evidence of the registered manager having the correct paperwork in place to support people who may not have the capacity to make decisions.

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

- The registered manager and staff knew the person well and the person confirmed they were happy with the care they received. The registered manager told us, the person wanted only two dedicated staff members to deliver care, and this was accommodated. Staff arranged calls to suit the person's health needs and gave examples of how they collected the person from appointments when required.
- Staff explained that care was provided in the morning at a time that suited the person. They told us they were flexible as this was important for the person.

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

- The registered manager had regular contact with the person to discuss their current care and support. Staff told us the person was able to make choices about their care and their views were sought and respected.
- The registered manager knew how to support people to access advocacy services if required, however at the time of inspection this was not required. Advocacy services offer trained professionals who support, enable and empower people to speak up.

Respecting and promoting people's privacy, dignity and independence

- Staff spoke about the importance of maintaining the person's privacy, dignity and independence when providing care. One staff member said, " I always knock before I come in". The staff member also spoke about the importance of encouraging the person to be independent by ensuring they picked their own clothes and explained how they liked their personal care to be delivered.

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; 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

- Care plans contained information and guidelines for staff so they could meet people's needs and preferences. This included information about the person's background, family, likes, dislikes and hobbies which provided staff with context and areas of interest when speaking with the person.
- Staff supported the person to follow interests that were important to them, for example, sitting and discussing events in the news and reading a book which was important for the person.
- Daily notes recorded the care provided for the person and they were reviewed by the registered manager to check staff were delivering care in line with the person's care needs. The registered manager reviewed care plans every six months or as and when required.

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.

- Care plans included information about people's communication needs, including if they required assistive aids such as hearing aids.

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place, and this was given to people when they started with the provider. The registered manager had not received any complaints to date, but they told us they would follow their policy if a person had concerns. The registered manager said, "I have regular conversation with [person] and if they had concerns, I could address them straight away."

End life care and support

- End of life care was not being provided at the time of the inspection. The registered manager explained the procedures they would follow and what support they could access if they started supporting people at this stage 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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider did not have effective quality assurance systems to monitor service delivery as they did not have a formalised system to monitor the service. For example, the provider was not following their medicines policy and risk assessments were not always robust enough to mitigate identified risks.
- The registered manager told us, they completed regular audits, carried out spot checks and had regular quality assurance calls but these were not recorded. We discussed this with the registered manager, and they recognised the need to develop a more formalised auditing process to ensure they were able to demonstrate that people receive safe care and support.

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

- Staff told us they felt supported by the registered manager. The registered manager worked across two services and held regular joint meetings with all staff. This meeting was used as an opportunity to reflect on work, share best practice and discuss any concerns. The registered manager told us going forward they planned to have specific team meetings which focused on the DCA.

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 understood their responsibility around the duty of candour and of the requirement to notify appropriate agencies including CQC if things went wrong.

Working in partnership with others; Continuous learning and improving care

- The registered manager worked in partnership with various other health and social care professionals. The registered manager had attended local authority forums and told us they were committed to developing the service.
- The provider had a business continuity plan that they had updated in line with government guidance as a result of the COVID 19 pandemic.