

Care MK Ltd

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Inspection report

Unit 8, The Farthing Enterprise Centre
39 Farthing Grove, Netherfield
Milton Keynes
MK6 4JH

Tel: 07787874955

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08 August 2022
10 August 2022
11 August 2022

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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

About the service

Care MK is a domiciliary care agency and provides personal care to people living in their own homes.

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. At the time of our inspection there was one person who had been using the service on a long-term basis and was receiving personal care.

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

People's needs, and choices were assessed before they received a care package. The care plan we looked at lacked person-centred details and focused more on the person's clinical needs rather than their individual, personal needs and wishes. However, this had not impacted on the person-centred care they received.

There were systems and processes in place to safeguard people from potential harm. Staff completed training about safeguarding and knew how to report abuse. Risks to people were assessed and measures were put in place to reduce them.

There were safe infection control procedures in place including enough supplies of personal protective equipment (PPE) for staff. People received their medicines safely and as prescribed.

There were enough staff to meet the needs of people using the service and recruitment was ongoing, with all necessary recruitment checks carried out. Staff received an induction and ongoing training that enabled them to have the skills and knowledge to provide effective care.

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.

Where the provider took on the responsibility, people were supported with their medicines and to eat and drink enough to meet their dietary needs. There were systems in place and staff had been trained in the safe administration of medicines if they needed to support people with their medication.

People were supported to live healthier lives and staff helped them to access healthcare services when required. We saw the service worked closely with healthcare professionals to ensure good outcomes for people.

People and their relatives told us they were treated with kindness and compassion; their privacy was respected, and their independence was promoted.

People knew how to make a complaint or raise a concern. Quality assurance systems identified any areas that needed further development. Staff told us they enjoyed working for the service and they felt well supported.

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

Rating at last inspection and update

This service was registered with us on 17 November 2020 and this is the first inspection.

Why we inspected

This was a planned inspection following registration.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

This was an inspection using remote technology. This means we did not visit the office location and instead used technology such as electronic file sharing to gather information, and video and phone calls to engage with people using the service as part of this performance review and assessment.

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 ●

Care MK Ltd

Detailed findings

Background to this inspection

The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we used technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

Inspection team

The inspection was carried out 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 and flats.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we completed this inspection using technology such as electronic file sharing and needed to give the provider time to send us the required information.

The inspection activity started on 08 August 2022 and ended on 11 August 2022.

What we did before the inspection

We reviewed information we had received about the service since their first registration. This included any notifications (events which happened in the service that the provider is required to tell us about).

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

This performance review and assessment was carried out without a visit to the location's office. We used technology such as telephone calls and video calls to enable us to engage with people using the service and staff, and electronic file sharing to enable us to review documentation.

We spoke with the registered manager by telephone on 08 August 2022 who was also the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We had discussions with two staff and the relative of the person using the service on 10 August 2022. We reviewed a range of records. This included the care records for the person using the service, three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

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 of this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them. A relative told us, "I know my [family member] feels safe with the carers because they can explain what's happening to them in their first language, so they understand what's going on."
- Systems and processes were in place to help identify and report abuse to help keep people safe. For example, staff received training in safeguarding, there was information and guidance about safeguarding accessible to staff in the staff handbook staff were knowledgeable about how to identify the signs of abuse and how to report concerns.
- At the time of our inspection there had not been any safeguarding incidents, however there were systems in place to make safeguarding referrals to the relevant authorities and the registered manager understood their responsibility to report safeguarding concerns.

Assessing risk, safety monitoring and management

- Risks to people had been assessed and their safety monitored. A relative told us, "The carers know the risks to [family member] and always work safely. They know how to use the hoist and there are always two staff to do that."
- Staff were aware of people's risk assessments and were able to describe why these were in place. One staff member said, "I know what risk assessments [name of person] has and we always make sure we follow them." They went on to describe the actions they took to reduce the person's risk of developing a pressure sore.
- Risk assessments were detailed and records showed these had been updated monthly to ensure changes could be made if there had been any changes or incidents.

Staffing and recruitment

- There were enough staff to meet the needs of the person using the service and they received support from a regular staff team. A relative said, "We have never had a problem with a shortage of staff. There are always two staff to support [family member]."
- Rotas were planned so that staff always had enough time to deliver care and support without rushing. Staff confirmed this and one commented, "There are always two of us on the calls. We have never been short. We have enough time, so we don't need to rush."
- Staff were recruited safely. The provider completed pre employment checks such as references and Disclosure and Barring Service (DBS) checks. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- At the time of our inspection the provider had not taken on the responsibility of administering peoples medicines. However, there were systems in place and staff had been trained in the safe administration of medicines if they needed to support people with their medication.

Preventing and controlling infection; Learning lessons when things go wrong

- Staff understood their responsibilities for keeping people safe from the risk of infection. They had been provided with infection control training; this included the correct use of personal protective equipment (PPE).
- Staff had enough supplies of Personal Protective Equipment (PPE) and people confirmed staff always wore their PPE. A relative told us, "The carers always wear their PPE, gloves, aprons and they always wash their hands." A staff member commented, "We have lots of PPE and we have a good stock, so we don't run out."
- Policies and procedures were in place regarding infection control practices, including COVID-19, to ensure staff worked safely and in line with best practice guidance.

Learning lessons when things go wrong

- At the time of our inspection there had not been any accidents or incidents reported. However, we saw there were systems in place to monitor incidents and accidents so action could be taken to promote people's safety.
- The registered manager understood how to use the information as a learning opportunity to try and prevent reoccurrences.

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 of 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.

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

- People's needs were assessed before they started using the service to help ensure their needs and expectations could be met. The assessment tool looked at people's physical and mental well-being, level of independence, their preferences, social circumstances, communication needs and dietary requirements.
- People's needs in relation to equality and diversity were considered during the assessment and care planning process, such as age, disability and religion.

Staff support: induction, training, skills and experience

- Staff were supported and trained to ensure they had the skills and experience to support people and meet their needs. A relative commented, "The staff know how to support [family member] properly, and they understand their needs and how to make them feel comfortable and at ease."
- We saw that an ongoing schedule of training was in place, to ensure staff kept up to date with good practice. New staff went through an induction period, which included shadowing more experienced staff to get to know people, as well as covering the basic training subjects. One staff member told us, "The training is very good. We get what we need so we can help people with their care safely."
- Staff felt well supported and they told us they had regular supervision and spot checks to ensure they were working in line with best practice guidance.

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

- People were provided with culturally appropriate and sufficient food and drink to meet their dietary needs. A relative said, "The carers know what [family member] likes to eat. They respect the choices [family member] makes."
- Staff were aware of the person's cultural dietary needs and knew which foods they preferred and liked. One staff member said, "The family guide us with meals, but I know that [name of person] has [cultural] foods because they are [name of religion]."
- If required, the registered manager confirmed they would seek advice and guidance from dietitians and speech and language therapists to ensure people's dietary needs were met.

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

- People were supported with their healthcare needs and staff worked with families to ensure people received the care they needed. A relative told us, "They [meaning staff] noticed [family member] had a sore area on their skin. They told me about it, and we have worked together, and it has healed now."

- Staff knew how to respond to people's healthcare needs and had access to information about who and when to contact if they had any concerns. A staff member told us, "I would talk with the family if I thought [name of person] was ill. I would also call the office."
- A comment from a healthcare professional involved in the persons care read, 'I found [registered manager] and her team to be very flexible and keen to help the client improve their quality of life.'

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff told us they always asked the person for consent before they provided personal care or undertook a task. A relative commented, "It's made such a difference having staff who can speak the same language as [family member]. They always ask for permission before they do anything."
- We checked whether the service was working within the principles of the MCA and were satisfied staff understood the importance of seeking consent before providing care or support. People's mental capacity had been considered in line with guidance for relevant decision-making processes.
- Where people had appointed others to manage decisions about their health and welfare, the appropriate processes had been followed.

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 of 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 were treated with kindness and compassion. A relative told us, "The staff are lovely and very good at what they do. They help to keep my [family member] calm and relaxed by talking to them when they are helping with personal care."
- Records included information about people's preferred name and other important details about their spiritual and cultural beliefs.
- Staff demonstrated a good understanding of the person they supported, including their personal preferences, likes and dislikes. One staff member commented, "[Person] is a [name of religion]. I am aware of what they like to eat and how they like things to be done in line with their religious needs."
- There was an 'About me' sheet that had information about the persons likes, dislikes, culture, beliefs, religion and family and staff used this information to get to know people and build positive relationships with them. Staff understood the way each person communicated and provided the care and support they required.

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

- People were involved and made decisions about their care where they were able. For example, people were offered choices about their day to day decisions such as what they wanted to wear and what they wanted to eat and drink.
- The provider had ensured that staff were matched with the person using the service and had ensured the staff providing care who were able to speak to people in their first language. A comment from a healthcare professional read, 'The fact that all of the team can speak in the client's language is, as far as I am aware, unique and essential for this person.'
- The provider arranged regular telephone calls and reviews of people's care to ensure they were happy with the quality of care they received. A relative said, "The manager does discuss [family members] care and they are always available if I need to talk with them."
- People's communication needs were assessed before people started using the service. This detailed the person's preferred way of communication to ensure information was shared effectively.
- People could have access to an advocate who could support them to make decisions about their care and support. Advocates are independent of the service and support people to raise and communicate their wishes.

Respecting and promoting people's privacy, dignity and independence

- Staff understood how to promote and respect people's privacy and dignity, and why this was important. A relative said, "The staff are very respectful and always treat [family member] and my family with dignity."

- Respecting people's privacy and dignity was important to staff. One commented, "We always make sure we treat [person] with dignity. We pull the curtains and make sure we cover them up when we help them with personal care."
- A confidentiality policy was in place. The registered manager understood their responsibility and ensured all records were stored securely. Staff had a good understanding about confidentiality and confirmed they would never share any information except to those that needed to know.

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 of 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

- People received person centred care that met their needs and took into account their cultural and religious diversity. For example, staff were matched to people where they could communicate with people in their first language. A staff member said, "I am able to talk with [person] in their own language, and that means we know what they want, and we can provide the help how they prefer it."
- A relative we spoke with provided positive feedback about the person-centred approach from staff. They commented, "The staff know [family member] well and because they can communicate with [family member] it helps to reduce their anxiety."
- The care plan we looked at lacked person-centred details and focused more on the persons clinical needs rather than their individual personal needs. For example, the main areas of the care plan focus on the persons mobility and what they can't do. However, this had not impacted on the person-centred care the person received.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider had considered people's communication needs during their initial assessment and an ongoing basis.
- The person using the service received care and support from staff who they were able to communicate with in their first language.
- The registered manager told us they could provide information in other formats if this was required to support people. For example, in easy to read or in larger print formats.

Improving care quality in response to complaints or concerns; End of life care and support

- A complaints policy was available for people to access which could be made available in a different format if people required it. A relative said, "I would call the manager if I wanted to talk about anything that concerned me. The manager is always available, and I have her number so I can call direct."
- There had not been any formal complaints about the service and records confirmed this. There were processes in place to ensure that all complaints, both formal and informal; verbal and written would be dealt with appropriately.
- At the time of the inspection, nobody was receiving end of life care. However, the registered manager told

us they could support someone at the end of their life with support from other health professionals and with specific training for staff.

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 of this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Staff spoke positively about the support provided by the registered manager. One staff member said, "[Name of manager] is always at the end of the phone to help us and give us advice. They do support us."
- A relative confirmed there was always management support available when needed. They commented, "It is well managed and the manager is contactable to talk to if I have any questions or queries or if there are any changes we need to make."
- The provider understood their responsibility under the duty of candour. This is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment. We had been notified of notifiable events and other issues.
- A comment from a healthcare professional read, 'I found [name of registered manager] to be keen to problem solve and is very helpful.'

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

- The registered manager was also the provider and was keen to provide good quality care for people in their homes. They had a clear understanding of the key principles and focus of the service going forward.
- The quality of service provided to people was regularly monitored. Quality checks and audits had been carried out on care records and action plans were put into place when areas needed to be addressed.
- Systems in place to manage staff performance were effective, reviewed regularly and reflected best practice. There was a supervision, appraisal and training programme in place.
- Spot checks were regularly undertaken of staff during their support visits to check their practice and offer advice or guidance where needed.
- Staff knew how to whistle-blow and knew how to raise concerns with the local authority and the Care Quality Commission (CQC) if they felt they were not being listened to or their concerns acted upon.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics: Continuous learning and improving care: Working in partnership with others

- Effective communication systems were in place to ensure that staff were kept up to date with any changes to people's care and support systems to staff. One staff member said, "We are always kept up to date with any changes and the manager is always there for us, to talk to."
- We found a commitment to the continuous improvement of the service and the care provided. The

registered manager told us they ensured information from audits, complaints, feedback, care plan reviews and accidents and incidents would be used to inform changes and improvements to the quality of care people received.

- Policies and procedures were reviewed and updated regularly. The provider ensured staff understood these and discussed them in training and communications to keep staff up to date with any changes.
- The provider worked in partnership with a variety of health and social care professionals from several different agencies. These included social workers, occupational therapists and GPs.