

Midcare Services Ltd

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Inspection report

Junction Road
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Tel: 07470463994

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service.

Midcare is a domiciliary care service. It provides personal care to people living in their own homes. On the day of inspection, the agency was supporting 30 people. There was 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 2008 and associated Regulations about how the service is run.'

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

The registered manager who is also the provider did not have appropriate systems in place for gathering reviewing and evaluating information about the quality of the service provided.

There was a complaints procedure to enable people to make complaints and people spoken with were aware of these procedures. People told us they felt that the registered manager and staff would address any concerns they had. We saw when complaints were made the registered manager did not always follow their own complaints procedure to ensure a full investigation was completed.

Recruitment checks were completed and included checks with the Disclosure and Barring Service. (DBS) to ensure staff were suitable to work with people. However, staff that required a visa to work in the UK were not always reviewed to ensure they continued to work within the law. The registered manager assured us that checks were made but had not recorded this. The registered manager assured us this would be documented in the future.

People told us they felt safe with the staff who supported them. People told us that staff were kind and considerate. Relatives spoken with told us that the staff were respectful.

People had support with their medication when required from staff. Staff had completed training in the safe administration of medication to ensure people were supported by experienced staff who had the right skills.

People had their care needs assessed to ensure the service could meet their needs. These included risks associated with people's care and how they wanted staff to support them.

Staff were aware of how to protect people from the risk of abuse and confirmed who they would report to if they had any concerns, including external agencies if required. People confirmed the care they received met their individual preferences and choices. Care plans were reflective of people's current needs.

People and their relatives told us that staff were very kind and caring and treated them with dignity and respect.

Rating at last inspection: The last inspection was completed on 30 March 2017 and was rated as Good.
Published (27 April 2017)

Why we inspected: This was a planned inspection.

Enforcement: We have identified breaches in relation to the governance processes at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up: We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Is the service safe?

The service was not always safe

Details are in our Safe finding below

Requires Improvement ●

Is the service effective?

Is the service effective

The service was effective

Details at in our Effective findings below

Good ●

Is the service caring?

Is the service caring

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

Is the service responsive

The service was not always responsive

Details are in our Responsive findings below

Requires Improvement ●

Is the service well-led?

Is the service well led?

The service was not always well led.

Details are in our Well Led findings below.

Requires Improvement ●

Midcare Services Ltd

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

The inspection team comprised of two inspectors

Service and service type

Medicare is a domiciliary care service providing personal care to people in their own homes.

The service had a manager registered with the Care Quality Commission who was also the provider. This means the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

The inspection took place on 10 October 2019. We gave the registered manager short notice of the inspection visit because the staff and the management team are often out of the office supporting staff or providing care. We needed to be sure that they would be in.

What we did before the inspection

We reviewed the information we had received about the service since the last inspection. This included details about incidents the provider must notify us about. We also sought feedback from the local authority and professionals who work with the service. We reviewed the information we require providers to send us at least once annually 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 we spoke with the registered manager. We looked at four care records, and four staff records, which included recruitment records. We looked at complaints, incidents and accident records. We also looked at records in relation to how the service is monitored and reviewed.

Following the inspection, we spoke with 11 people who use the service and two relatives and five staff.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety.

Systems and processes to safeguard people from the risk of abuse; Staffing and recruitment.

- The registered manager had recruitment procedures in place to check the suitability of staff before employment. Checks were completed in the form of references and employment history regarding staff's suitability. Checks also included checks with the Disclosure and Barring service (DBS). This helped to protect people from the risk of unsuitable staff being employed to support them. However, for staff who required a visa to work in the UK, we found no systems in place to ensure the visa was still valid, so they could continue to work within the law. The registered manager told us checks were normally completed when staff had supervision and there was only one person within the staff team that required this check.
- The registered manager told us, "It is sometimes difficult to retain staff and normally staff will leave within 12 months of joining the service, it's part of the industry and not necessarily related to the service.' The registered manager had completed exit interviews to establish why staff were leaving, however, there was no evidence to demonstrate these had taken place since 30 March 2019.
- People told us they normally had the same staff providing their care, which meant they could build relationships with them. However, one person told us, "Some staff leave, and we don't really get told until a new staff comes, but they all very nice.
- People told us staff normally arrived on time and stayed for the agreed length of time.
- Staff demonstrated a good understanding of how to recognise possible signs of abuse and how they would keep people safe. One staff member told us, "If I have any worries or concerns about anyone, the process is to report to the manager and this I would do." A relative said "[named person] is safe now, I was always worried about them being on their own, [named person] is happy and I am more relaxed. Any problems the office let me know."

Preventing and controlling infection

- Staff had access to personal protective equipment such as disposable gloves and aprons to prevent the spread of infection. However, some staff told us that on occasions these were not available, because the previous staff member had not let the office know. The registered manager stated, post inspection, all vehicles carry spare PPE to replenish stock in people's homes and if there is a shortage of PPE office staff would immediately resolve the issue.

Assessing risk safety monitoring and management

- The provider completed risk assessments to ensure staff working in people's homes could do so safely. Risk assessments were also completed in relation to equipment that was needed to support the person, for example, walking frames and hoists. Risks to people's health and wellbeing had been identified and risk management plans were in place to guide staff when supporting people to minimise the risks associated with their care.

Using medicines safely, preventing and controlling infection

- Medicines were managed safely, and people told us that where staff supported them with their medication this was at the right time. One person told us, "The staff are very good at reminding me to take my medication because sometimes I forget so they check."
- Detailed information was included in care records to indicate what medication people were taking so staff had the information they needed to support people with their medication. One staff member told us, "If I had any doubts about the medication I was supporting people with I would contact the office for advice." Staff confirmed that medication training had been provided so they felt confident in supporting people with their medication.

Learning lessons when things go wrong

- The registered manager was open about improvements needed, for example a new monitoring system had been purchased, which included a provision for monitoring times of calls and auditing aspects of the service. This was in the early stages and had not been fully implemented.
- People told us the registered manager contacted them to ensure the service provided was meeting their needs. One person told us, "I can always call the office if I have any problems and the manager does his best to sort things out for me, and normally does."
- The registered manager told us, "If something is wrong I try to put it right and all staff are informed through a confidential group chat that we use, so the same thing does not happen again." However, records and systems did not always show actions that had been taken to support the monitoring of the service provided.

Is the service effective?

Our findings

Effective-this means we looked at evidence that people's care treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good at this inspection this key question remains the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills, and experience

- Staff had the appropriate skills, knowledge, and experience to deliver care and support to people. New staff had completed an induction and shadowed experience staff until they felt confident to work alone. Where staff were new to care, they completed the Care Certificate which is a set of national standards social care workers are expected to adhere to.
- Staff told us training was discussed in supervision and confirmed refresher courses took place. Staff confirmed spot checks were undertaken by the registered manager to ensure staff were supporting people as wished.
- People told us they felt staff were trained. One person told us, "Staff are very professional, you can see that they have had training. I think

Adapting service, design, decoration to meet people's needs

- The service provided was to people in their own homes. Risk assessment had been completed to ensure staff were aware of the risk involved when supporting people in their own homes
- Assessing people's needs and choices; delivering care in line with standards, guidance and the law
- People were asked for their consent before care and support was provided. The Mental Capacity Act (MCA) 2005 provides a legal framework for making 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 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 so that they can receive care and treatment when this is in their best interests, for example, to keep them safe and when it had been legally authorised under the MCA 2005. In order to deprive a person of their liberty within the community, providers are required to notify the local authority who is responsible for applying to the court of protection for the authorisation to do so.
 - Staff confirmed they had completed training in relation to the Mental Capacity Act. We checked whether the service was working within the principles of the MCA.
 - Staff were aware of how to protect people's rights. One staff member told us, "It's about choice and consent and respecting the choices people make."
 - Systems were in place to assess people's needs to ensure the service could meet them. Assessments detailed the people's needs, likes, dislikes, preferences, and what support was needed.
 - People told us they had been involved in the assessment, and this was reflected in their care plan. One person told us, "I have a care plan or a book as I call it, what is in there is what staff do, but they will do other

things if I ask them, and they always ask me if there's anything else they can do before they leave."

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

- Some people were supported with meal preparations. Care plans were clear about people's likes and dislikes and the level of support they needed. For example, some people needed full support with meals, whilst others only needed staff to prepare sandwiches. One person told us, "Staff make me a sandwich for my lunch and teatime I have pre-packed food delivered, and they are already cooked they just need heating up in the microwave. Staff also leave me a little snack in case I get hungry later they don't need to do that, but they say just in case."
- One staff member told us, "Because I know the person, I would be worried if they went off their food that to me would indicate something was wrong, so I would report my concerns to the office and family. "

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

- The service worked with other healthcare agencies to ensure help was provided if needed.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question remains the same. 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. Respected equality and diversity and supporting people to express their views and be involved in making decisions about their care

- People's preferred routines were recorded in care plans and well known by staff. This meant staff were able to deliver care in line with people's wishes.
- People told us staff were friendly and caring towards them.
- People told us they felt comfortable with staff and one person told us, "I think the staff are really good I have had no problems at all, they are very kind."
- People's care records showed that the care provided was centred on the individual and considered all aspects of their care, including people's different cultural needs. People were fully involved in how they wanted their care to be provided. Care plans reflected the choice they made. One person told us, "Staff ask every time they come even though they know what I need."
- Care plans detailed people's history, so staff had information about the people they were supporting.
- People told us they were able to contact the office to discuss any aspects of their care and support at any time.
- People spoke positively about the staff who supported them. One person told us, "I am absolutely thrilled with what staff do for me, they [staff] are always friendly and jolly, I am really pleased with the service and certainly would recommend it."

Responding and prompting people privacy dignity and independence

- People told us they were supported in a dignified way. One person told us, "They support me with a shower, and they [staff] are very respectful and yes, I do think that they consider my dignity and my privacy."
- A relative told us, "[Named person] has always been treated with respect and not once have staff made him feel embarrassed, they cover him up and make sure that they respect his dignity."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant people's needs were not always met.

Improving care quality in response to complaints or concerns

- A complaints procedure was in place. Most people who used the service and relatives told us they knew how to complain. However, the registered manager did not follow the complaints procedure. For example, the complaints procedure stated that all complaints would receive a written response and a full investigation would take place. We saw that three complaints had been made. Evidence seen during the inspection showed an initial contact with brief details. There was no written acknowledgement. There was no evidence that the registered manager had explored further with the staff involved in the concerns and no written outcome. This meant the registered manager was not following their own complaints procedures and audits had failed to recognise the process had not been followed. This meant the provider could not use this information to improve the service and people could not be assured that complaints were fully investigated.

End of life care and support

- At the time of the inspection the service was not supporting anyone with end of life care needs. The provider stated, post inspection, these discussions were held at the pre-assessment and if people did not wish to discuss EOL, the information was not transferred to their care plans. This meant there was little evidence from the records we sampled that people had been asked for their preferences regarding their end of life wishes.

Planning personalised care to ensure people have choice and control and meet their needs and preferences

- People told us they chose how their care and support was provided. Care records were detailed and provided staff with information on how to meet people's individual needs. Staff told us there was enough information to enable them to provide people with the care they 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.

- People's communication needs were known and understood by staff. The provider was aware of the accessible information standard and information could be produced in different formats that met people's needs if required. One staff member told us, "Some people can communicate better than others, for example people living with dementia have some difficulty, normally I can gauge what people are trying to say to me, I think it's taking time to allow the person to communicate what they want, and information is recorded in people's care records."
- People's daily records were used to record information in relation to each visit and what support they

received. This helped staff to have a brief overview of the information that related to each visit. People told us they had no missed calls and scheduled calls were normally on time. One person told us, "I have my calls on time, there has only been one occasion when staff have been late, and there was a good reason for that."

- People's care records were kept under review and updated as people's needs changed. Staff told us they were kept informed of any changes to people's needs as and when these occurred.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to 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

- Systems did not ensure the service was monitored effectively to identify areas that required improvements. For example, when a complaint was made the initial complaint was recorded but records showed a full investigation was not completed to ensure lessons were learnt and to prevent recurrences. We saw that staff meetings took place, so the registered manager could share information with staff. However, we also saw that some issues were repeated over three meetings, so we could not be assured that these issues had been resolved. The provider stated, post inspection, certain matters, such as safeguarding, was discussed at every meeting to reinforce staff understanding. Routine checks were not recorded to ensure staff continued to be eligible to work in the UK.
- The providers information return told us, "We audit all communication sheets at the end of every month to ensure care is being provided adequately. This then enables us to pick on any inconsistencies that need addressing as soon as possible." This method was not applied to other areas of the service that required monitoring.

This was a Breach of Regulation 17(1)(a)(b) of the Health and Social Care Act 2009 (Regulated Activities) Regulations 2014 Good Governance

Continuous learning and improving care

- The registered manager understood their legal requirement and notified us of events that may affect the service. We asked the registered manager if they fully understood what incidents were notifiable and they gave a clear account of what they would need to inform us about. The provider and staff attended events that would support them to improve the service for people.

Promoting a positive culture that is person centred, open inclusive and empowering, which achieves good outcomes for people and Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and staff spoken with told us that the registered manager was approachable and supportive.
- The registered manager and the staff team knew people and their relatives well which enabled relationships to develop and provided good outcomes for people.
- People's views about the service provided were sought, and we saw some positive comments in their feedback. For example, feedback from a relative stated, "The staff look after dad so well I cannot thank them

enough over the last two years you have made our life and his life so much better." Another person said, "The staff are excellent, and the manager is very responsive, anything I ask for it's done, he also has a good team who care."

- Staff told us they had good support from the management team, and good training opportunities to progress.

Working in partnership with others.

- The registered manager worked closely with other healthcare professionals and families to ensure the service provided met people's needs. For example, district nurses and occupational therapists, to ensure people were supported with other agencies when needed.
- The registered manager told us "We have established a good working relationship with our local council and attend regular provider meetings where we discuss the council's plans and any upcoming changes in the law."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not have robust systems to ensure the service was monitored effectively to identify areas that required improvements. The provider did not have robust systems in place to investigate complaints to ensure full investigations were completed and any lessons learnt were recorded to prevent recurrences. Routine checks were not recorded to ensure staff continued to be eligible to work in the UK.</p>