Care Quality Commission

Midas Care Limited

Midas 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?	Requires improvement
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

Midas Care is registered to provide personal care to people who live in their own homes. At the time of this inspection the service provided personal care to approximately 300 people.

This inspection took place on 04 and 05 August 2015 and was announced. This was the first inspection since the service re-registered on 20 March 2014 due to changing the address of this location. Therefore this was the first inspection of this service under its current registration.

The service had a registered manager in post. They had been registered since March 2014 at this location. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the scheme. 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 scheme is run.

Summary of findings

People were cared for by staff whose suitability and good character had been confirmed. An effective recruitment process was in place.

Staff were able to explain safeguarding processes to us and were knowledgeable about the agencies they could contact if required. Staff were trained in medicines administration and they had their competency, to do this safely, regularly assessed.

The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) Deprivation of Liberty Safeguards (DoLS) and to report on what we find. We found that people who used the service had their capacity to make day-to-day decisions formally assessed. At the time of this inspection no one in receipt of care had been unlawfully deprived of their liberty.

People's needs were assessed and this information was used in the compilation and development of each person's care plan.

Staff supported people in the way people preferred. However, the information and guidance in people's care plans was limited and did not always explain the support the staff were required to provide. The support people received was not always as respectful as it could have been. This meant that some people received care that was inappropriate to their needs.

The provider had a complaints procedure in place which people had access to including advocacy support if this was required. Requests to make changes to people's care were responded to promptly.

The provider had arrangements and systems in place to assess and manage the quality of care it provided.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

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.

Risks to people's safety were recorded and managed effectively.

Staff had the knowledge and understanding of how to ensure people were protected from the risk of harm. Staff were confident in reporting any poor standards of care if required.

Staff only commenced employment after all the essential checks on their suitability to work with people who used the service had been established.

Good

Is the service effective?
The service was effective.

Staff received training which was based upon people's needs and was provided in a way so that staff gained benefit and understanding.

Staff confirmed that their induction, supervision and appraisals had been thorough and had enabled them to perform their roles effectively.

People were supported to live as independently as possible. People were able to choose what and when they preferred to eat and had sufficient quantities of nutrition and refreshments available.

Good

Is the service caring?
The service was not always caring.

Information in people's care plans was limited in providing sufficient guidance for staff to follow.

Not all people's care was as respectful as it could have been.

People's care plans and confidential information was held securely. Only those people and staff involved in people's care had access to relevant information.

Requires improvement

Is the service responsive?
The service was responsive.

People were supported to actively take part in their hobbies and interests to prevent the risk of social isolation.

Complaints, suggestions and concerns were responded to and used as a way of making changes to people's care provision where required.

Good

Is the service well-led?
The service was well led.

Good

Summary of findings

The registered manager had quality assurance procedures and processes in place to monitor the safety and effectiveness of people's care.

The views of people and staff were actively sought as a way of identifying where there was potential to improve the running of the service.

The registered manager consistently kept themselves aware of the day to day culture and provided leadership to the staff team.

Midas Care

Detailed findings

Background to this inspection

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

This announced inspection took place on 4 and 5 August 2015. Forty eight hours' notice of the inspection was given because we wanted to make sure the registered manager and staff were available. We needed to be sure that they would be in. This inspection was completed by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we looked at records we held about the service such as notifications. A notification is information about important events which the registered manager is required by law to tell us about.

During this inspection we observed how staff interacted with people. We spoke with three people and two relatives in people's homes and 15 people and seven of their relatives by telephone. We spoke with the registered manager. We also spoke with four staff who were normally based in the agency's office as well as four care staff. We spoke with two healthcare professionals. We contacted commissioners who contract care from the service for their views.

We looked at seven people's care and medicine administration records. We looked at records in relation to the management of the service. These included quality monitoring records and staff meeting minutes. We also looked at staff recruitment documents, supervision and appraisal processes, training records and complaints records.

Good

Is the service safe?

Our findings

People we spoke with told us they were safe. One person said, "I have no worries at all when they (staff) are in the house." And, "I do feel very safe with them (staff) and we have a little laugh." Another person said, "I generally get the same people (staff) and I feel very safe with them."

Healthcare professionals we spoke with told us that any identified risks to people's health were acted upon quickly. For example, where people required support with their health conditions including skin care and safe eating and drinking. We saw that risk assessment processes were in place to manage the risks people exhibited or had chosen to take. These included where people displayed behaviours which could challenge others or where the person was at risk of further falls. Staff supported people to be as safe as practicable.

One person said, "I have two carers and they have to lift me and help me shower and dress. They are very careful and treat me gently." However, one relative told us, "My (family member) has (a health condition) and they are supposed to turn them at the right time. If they are left too long in the same position it becomes painful for them." They added, "I don't mind if it's 15 minutes but there have been times when it has been one or two hours."

Staff were able to describe in detail the correct safeguarding recording and reporting procedures. This included the organisations they could escalate their concerns to if this was required. Staff were knowledgeable about supporting people in a way which helped ensure people were not discriminated against in any way. For example, by following the provider's equality and diversity policies. Staff were aware of the provider's whistle-blowing policy and procedure. They told us they would feel confident in raising any concerns as they would be protected from recrimination. One member of care staff said, "I would 'absolutely' have no hesitation in reporting poor care. People in their older age are at risk and we are there to protect them."

Staff records showed us that there was an effective procedure in place to ensure the safe recruitment of suitable staff. This included checks on staff's previous employment, criminal record checks, photographic identity and fitness and ability to do their job safely. Staff told us about their recruitment and the documents they had to supply including written references. This meant that the service only employed staff after all the required and essential safety checks had been satisfactorily completed.

We saw, and people confirmed, that there was a sufficient number of staff employed by the service to ensure the safety of the people receiving personal care. The registered manager and staff confirmed that the additional staff in the office offered much more flexibility. Some staff worked in dual roles and could support people who had urgent care needs if they arose. Where people required two staff to assist with their moving and handling we found, and were told, that this was provided. One person told us, "I don't always get the same staff but I don't mind. I think I know most of them anyway and they all know what they are doing." Staff told us that if they were going to be delayed they let the office staff know. If staff required assistance with unplanned events an on call system was in place to provide access to additional staff resource. People were safely supported with their care needs.

Medicines were held securely in people's homes and people were encouraged to manage their own medicines where possible. Staff told us they had regular medicines administration training. This also included medicines which had to be administered before food or under specific conditions. Staff's competency to safely administer medicines was checked on a regular basis. Our observations of staff administering people's medicines showed that they followed relevant guidance and best practice. Checks were completed to ensure people were only administered medicines they had been prescribed. The registered manager was provided with access to the Medicines and Healthcare Products Regulatory Agency guidance (MHRA) on, and alerts regarding, the recall of people's medicines. Staff were knowledgeable about these subjects. The registered manager said, "The local authority send these through and I update the staff team accordingly."

Good

Is the service effective?

Our findings

People told us, and we found, that they were supported by experienced care staff who knew them and their care needs well. One person said, "The staff know me ever so well and over the past few months we have got to know each other."

People told us that staff were knowledgeable about their care needs and how to meet these. Staff were introduced to people they cared for during their induction as well as any people new to the agency. This was so that people were aware of the staff visiting their homes. Any person new to the service was met by a team leader and details of the person's preferences regarding their care were gathered. This was used to assist staff in providing the person's care in the way the person preferred. We saw and found that staff understood people's needs well. One person said, "Oh yes, they [staff] always do as I ask, and do it well." This was by ensuring they always received a verbal, written or implied consent from each person before providing any care or support.

Staff training plans and records we viewed showed us that staff were regularly provided with training. Training included subjects such as medicines administration, moving and handling, nutrition, health and safety and safeguarding people from harm. Staff were kept aware of current best, or good care practice including that for people living with dementia. Staff told us that this training had really helped them to understand people's needs. Staff confirmed that they received regular updates on the subjects covered. This also included scenario based training to assist staff's understanding of the various situations they could face. Such as protecting people from harm.

Other specialist training included that for people with behaviours which could challenge others and mental health care. A supervisor told us that when staff completed their allocated training this was recorded as well as when any training updates were completed.

We found that the registered manager and office staff had a thorough understanding the role of the Court of Protection. This was for lawfully depriving people of their liberty and when this was required. They were aware of when and if an application by the supervisory body (Local authority) to lawfully impose restrictions on a person's freedom was required or was in their best interests. We saw that the provider was liaising with the local authority where people's liberty may need to be restricted. Care staff knew when to report changes in people's capacity to make informed decisions and who to report these to. Staff knew when to respect people's choices. This showed us that staff, when required, were knowledgeable about contacting social services and implementing restrictions which were the least restrictive and within the MCA.

We saw that people's preferred meal and drink options had been recorded including the time of day they wanted to eat and drink. One person said, "My family stock my freezer with ready meals so they (staff) just have to put them in the microwave. I tell them what I would like and they do it for me." During our visits to people in their homes people told us that they were supported to eat at a relaxed pace in the place of their choosing. One person said, "I get all my meals done for me. I am having egg and chips and a yoghurt for dessert." We saw this was provided, that the main meal was hot and the person was able to eat in the place they preferred. Another person told us, "I love my cooked lunches." A relative told us that they had helped the staff determine what meals were suitable for their family member. They confirmed that these were now provided at the time their family member wanted to eat. People's ability and independence to eat and drink was respected.

Staff told us about their induction, that it was a combination of classroom and on the job training. One care staff said, "I have worked in care before and I only needed limited support and shadowing before I was allowed to work on my own." Another member of care staff said, "The induction was good. As well as shadowing and checks during my probation, if ever I needed support, all I had to do was ask and it was provided."

We saw that staff had regular support and a formal supervision. The registered manager told us that he sometimes held a group supervision if there was ever a general theme which required addressing. For example, to always inform the office if people refused their meals. Staff told us that the regular supervision sessions were very much a two way means of communicating their views, what they required support with and what they had done well. Where staff identified the need for additional training such as that for people's specific health conditions, this was always provided. The registered manager told us, and we saw, that they also regularly provided day to day support and mentoring to staff.

Good

Is the service effective?

People told us, and we saw, that they were supported to access health care professionals including community nurses or a GP when needed. Community nurses we spoke with told us that they were always notified promptly when people's health conditions changed. One person said, "If they (staff) think I'm not very well, they will call the doctor and also let the office know."

Requires improvement

Is the service caring?

Our findings

All people we spoke with confirmed to us that care staff were polite and kind. We observed care staff offering and providing care sensitively. One person said, "My carers are very perceptive. They have what I call 'a seeing eye'. So if I've dropped something for example I can't get down to pick it up but they will notice the item on the floor and pick it up and ask me where I want it putting."

People's care plans contained information on people's preferences such as where they wanted their personal care to be provided and their preferred name. However, there was not always detailed information in place regarding the specific support each person needed. Examples included a lack of detail about the signs staff needed to be aware of if a person was distressed or became anxious. Another example was where people had cognitive impairment. There was no record of the specific decisions a person could make or what they were and when the person could or couldn't make these decisions. Care plans did not contain the appropriate response staff should take regarding some people's behaviours which could challenge others. In another care plan we saw that the person could become confused but there were no guidelines recorded to detail what the likely triggers could be, when it could happen or the action staff needed to take to reassure the person. This posed a risk of people being provided with care by staff who did not always have sufficient information regarding the care and support that was required.

Most people we spoke with had concerns about the quality of their care. We were told that staff could not always communicate effectively with people. This was due to a limited understanding of the language people spoke. One person said, "I have two carers at the same time and if one speaks good English then I'm okay but if they both have strong accents or don't speak much English, then I do struggle. I'm not very good with my hearing and it's not so easy." Another person told us, "The language is a real problem and it's tiring. I asked for a glass of water and the carer kept saying "tea, tea." I need somebody who can speak and understand (me) properly." Another person told us, "I have a (specialist) chair to get into when I come out of the shower and I keep a cloth under the sink to wipe it down with. I asked the carer to wipe the seat dry for me with the cloth before I sat down. They pushed a bathroom stool towards me instead of the chair." Most people we spoke with were not informed of the care staff who had been assigned to provide their personal care. This meant that people were not always provided with care that was as caring or respectful as it could have been.

This was a breach of Regulation 10 (1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were consistently offered choice based on what was important to them. Examples included, where people's first language wasn't English people were supported by staff who spoke their language. This was so that staff understood the person's needs and provided support in a caring way. We saw staff supporting people in a way that people wanted whilst respecting their independence. For example, we saw that staff ensured people's walking equipment was within reach and was clean. We observed staff giving people time to complete their conversations, listening to what they had to say and responding with empathy and concern.

Care staff told us how they ensured people's privacy and dignity was respected. This was by providing care in the place the person wanted such as their bathroom and keeping doors closed and ensuring that people were covered up as much as possible. One care staff said, "The new slings with the facility to protect people's dignity are much better and people feel more comfortable knowing they are covered up." People confirmed that staff always respected their dignity and never discussed other people or their individual circumstances. One person said, "I never hear them say anything about other people."

We were told and saw that care staff ensured they always obtained consent from each person before providing any care or support. Staff did not enter people's homes until they had obtained permission. For example, knocking and waiting until the person acknowledged staff's presence.

People's care plans and confidential information was held securely. In addition, all care plans were uploaded digitally on the organisation's staff rostering system to ensure that all those staff involved in people's care had access to this information.

We found that staff were knowledgeable about people's preferences. For example, if the person liked to eat in the lounge or bedroom and the time the person preferred to be helped with their care needs. We saw in records viewed that people's life histories were used to form the basis upon

Requires improvement

Is the service caring?

which their care plans were based. For example, the person's life working experience and what their hobbies and interests such as sewing, reading or going to a day centre.

We saw that people had signed their care plan to agree the care that was to be provided. Where relatives were involved in making decisions for people this was also recorded. If people required someone to advocate or speak up for them, the provider offered support to access to Age UK's services.

Good

Is the service responsive?

Our findings

The service used the information in the local authority's Single Assessment Process (SAP). This was to help ensure they had the staff with the correct skills to meet people's needs. This was part of people's, staff's and relatives assessment of their needs. In addition to the SAP the registered manager or senior care staff completed a full assessment of the person's care needs before they received care. This was to ensure that the service and staff were able to meet people's needs.

People told us that they were able to make their own decisions about their care. We saw that the registered manager held a record of people's life histories, relatives and other people who were important to the person. Care plans included people's communication skills such as sound and touch and how staff needed to respond to these. This information helped staff identify what people liked to do and the support, if any, they needed to take part in their chosen interest. One relative said, "[Name of family member] likes gardening and they do a bit, mainly with my help."

Where people had a preference such as the way their food was prepared and served, this was recorded. For example, toast with or without crusts, staff respected people's choices. Staff told us they used this information to inform people's care plans and gain an individual understanding of what was really important to each person. Examples included the introduction of a guidance document to assist staff in communicating with people living with dementia. This was to help ensure people were supported to eat and drink sufficient quantities. Staff told us that this had made a difference to people's eating habits.

Staff told us that people's care plans were kept up to date by their appointed care staff (key worker). Care plans were reviewed every six months or more frequently if a need arose. Staff knew people's needs and how to respond to them appropriately. We sat in on the provider's daily (each weekday) 'Status' meeting. This was used to communicate or identify changes to people's needs such as being discharged from hospital and where new or additional care equipment had been provided. Staff were made aware of changes to ensure they could respond promptly.

People were provided with information about how to raise a concern. These included details about the local authorities, people could access if their concerns were not responded to satisfactorily Responses to most people's complaints and concerns were acted upon within the timescales determined by the provider. However, one person said, "I have asked them at the office but I haven't heard anything back – whether they are going to stop sending male care staff." Another person said, "I've asked them (the agency) for a later call; say around 4.30pm but they are still coming at 3pm." We found that where an urgent response was required, staff visited people in their homes to resolve the matter quickly, and as far as practicable, to the complainant's satisfaction. One person told us, "If I ever had concerns, which I don't, I would call the office or speak to them (staff). One relative told us, "I have complained but the changes have now been made to improve my [family member's] care."

The provider's web site included a language translation facility if people wanted to submit any concerns or requests in their preferred language. Complaint records we viewed showed us that they were of a general nature and that there were no significant trends. The registered manager told us that where the potential for trends were identified early action was taken to prevent recurrence. An example included the introduction of a system to ensure people did not run out of their prescribed medicines.

Staff meeting minutes showed us that staff and the registered manager were able to highlight any areas they felt required attention. For example, for the completion of people's MAR charts and people's safe moving and handling. The provider was aware of some staff's communication skills and was in the process of supporting those affected staff with English language skills. This approach was proactive and helped ensure that actions were taken to address any concerns or suggestions promptly.

Good

Is the service well-led?

Our findings

The registered manager kept themselves aware of the general culture within service's office. This was by spending time listening to staff, observing interactions with people and discussing any improvement opportunities. They also completed unannounced visits and checks on staff visiting people in their homes. This was to help ensure the correct standards of care were being adhered to. The commissioners we spoke with told us that the service was improving all the time and had worked with them to support people whose care had been commissioned by the local authority.

We found that the registered manager had quality assurance audit programmes in place. These had identified several areas for improvement including the trial of a call monitoring system as well as a logging device so that they knew where care staff were whilst travelling to people's homes. Further improvements were planned to increase the quality of call monitoring for when staff arrived at people's homes. The registered manager told us that this would improve the reliability and response by the service if staff failed to make a call for whatever reason. However, these audits had not identified the communication difficulties, with staff, some people had experienced.

We saw and staff told us that they supported people to maintain links with the local community which included going to a day centre, going out or on-line shopping or visits to see their relatives. One person said, "I don't know how they can be so cheerful in the mornings but they are. They take me out to do my shopping and they couldn't be kinder." Where people were at risk of social isolation staff offered access to the Community Navigator. This organisation helps isolated people to stay independent and maintain social contact with friends and the community. The organisation confirmed to us that the service used this facility to support people at risk.

Staff confirmed that they were supported with supervision, annual appraisals and also on-going development opportunities such as gaining additional management qualifications. One senior care staff said, "I am over 26% through my Qualification Credit Framework Level five Diploma." They also told us that as a trained assessor for people's needs they were able to determine when items for people such as hand rails were needed. Staff showed us the matrix for training, supervision and appraisals throughout the year. We saw that these were regular and in line with the providers' policy. Staff confirmed the support they received was very good and that it always available when needed. One said, "I was struggling to complete my workload and I asked for support and extra staff have now been employed." Another told us, "I have supervision every two months and these are really useful opportunities to raise anything I want to discuss."

People's views were sought in a variety of ways including during daily care visits, visits by field care managers and phone calls to the office. More formal reviews took place every six months. A survey of 60 people who used the service had been completed. Work was in progress by the provider's independent quality auditor in obtaining more detailed information on people's views. Once all the views had been obtained an action plan was to be produced on areas where this was required. The registered manager told us that where people expressed comments about their care this information was used on what worked well and where improvements could be made. We found that additional staff had recently been employed in the office to address concerns about responses to issues raised. One care staff said, "Since the additional staff arrived it has been much better. There is now more flexibility."

We found from our review of accidents and incidents that the registered person's had notified the CQC of events they are, by law, required to tell us about. This included incidents involving, missed or late calls to people. We also saw that any trends in people's accidents and incidents were monitored. Action was then taken such as referrals to the occupational therapist or a tissue viability nurse to obtain equipment to support people with their needs.

All staff told us they really liked working at the service and that everyone, without exception, worked as a team. One member of care staff said, "If one of us is struggling (with the workload) another team member steps in and helps." All staff told us that the registered manager was an approachable person, that their door was open and that they were keen to develop staff's skills. One care manager at the services office told us, "I have worked in many services and this is by far the best. The training is good. The staff are rewarded with thanks as well as monetary bonuses and that means a lot."

Staff were aware of the values of the service. This was about ensuring the quality of care provided was not compromised. Staff commented that people came first in

Good

Is the service well-led?

everything they did. One care staff said, “Some (people) totally rely on us to provide their essential care and support and we are often the only people they see all day. So it really is up to us to deliver this (care).”

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect How the regulation was not being met: People who use services were not always provided with care which was as respectful as it could have been Regulation 10 (1) (2).