

Midcare Services Ltd

# Midcare Services Ltd

## Inspection report

Flat 1  
151 Parkfield Road  
Stourbridge  
West Midlands  
DY8 1HF

Tel: 07470463994

Date of inspection visit:  
30 March 2017

Date of publication:  
28 April 2017

### 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

This announced inspection took place at the provider's office on 30 March 2017 with phone calls undertaken to people with experience of the service on 3 April 2017. This was the first inspection of the service.

Midcare Services Ltd are registered to deliver personal care. They provide domiciliary care to younger and older adults living in their own homes, who may be living with dementia and/ or a physical disability. At the time of our inspection three people were receiving personal care from the provider.

The service had a registered manager. 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 were provided with support that was safe and protected them from harm. Assessments were undertaken to identify any issues that may put people using the service at risk and care staff were aware of these. The provider ensured consistency of the care staff supporting people. Recruitment practices were comprehensive and ensured as far as possible that staff employed were safe to work with people. People were supported effectively with their medicines.

Care staff had the skills and knowledge required to support people effectively. The provider ensured all new staff had an induction and their training prepared and supported them to work with people effectively. Care staff knew how to support people in line with the Mental Capacity Act and gained their consent before assisting them. Staff knew who to contact should they have any concerns about the health of the people they were supporting.

People's preferences for how they wished to receive support were known and considered by care staff. People were involved in making decisions about their care and how it was to be delivered. Care staff provided support respectfully in a way that maintained people's dignity. People were encouraged to maintain their optimum level of independence by care staff.

Care staff were knowledgeable about people's needs and knew the importance of providing them with personalised care, that met their preferences. Care staff considered all aspects of people's well-being when supporting them and knew how any more diverse needs should be met. People knew how to raise complaints or concerns and had confidence that the appropriate action would be taken.

People were happy with the support they received and felt the service was led and managed well. Care staff were well supported in their role. A culture of openness and support for all individuals involved in the service was promoted. The provider encouraged people to share their views about the care they received. The provider had all the necessary knowledge and systems in place to ensure the service provided was monitored regularly to check its quality and safety.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People were supported to take their medication at the appropriate times.

Care staff were fully informed of any new or potential risks before supporting people.

People received their calls on time and with a level of consistency in the care staff supporting them.

### Is the service effective?

Good ●

The service was effective.

People's consent was sought before care staff supported them.

People's nutritional needs and choices were met.

People were supported to access the healthcare they needed to meet their needs.

### Is the service caring?

Good ●

The service was caring.

People were treated with kindness and compassion and were encouraged to make choices about their care and treatment.

People's preferences for how they wished to receive support were known and respected by care staff.

### Is the service responsive?

Good ●

The service was responsive.

Care staff knew and understood people's needs well and strived to provide them with personalised care.

People knew how to raise complaints or concerns and felt that they would be listened to and acted upon.

## Is the service well-led?

Good 

The service was well-led.

People felt the service was led and managed well.

The provider was keen to improve the service and actively sought people's feedback.

The provider had all the necessary knowledge and systems in place to ensure the service provided was monitored regularly to check its quality and safety.

# Midcare Services Ltd

## **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 provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This announced inspection took place at the provider's office base on 30 March 2017 with phone calls undertaken to people with experience of the service on 3 April 2017. The provider had a short amount of notice that an inspection would take place so we could ensure they would be available to answer any questions we had and provide the information that we needed. The inspection of the service was undertaken by one inspector.

We reviewed the information we held about the service including notifications of incidents that the provider had sent us. Notifications are reports that the provider is required to send to us to inform us about incidents that have happened at the service, such as accidents or a serious injury.

We liaised with the local authority and Clinical Commissioning Group (CCG) to identify areas we may wish to focus upon in the planning of this inspection. The CCG is responsible for buying local health services and checking that services are delivering the best possible care to meet the needs of people.

We spoke with one person who used the service and two friends of people using the service, who had regular contact with the care agency and their staff. We also spoke with a social care professional from the local authority, a staff member, the registered manager and the provider.

We reviewed a range of records about people's care and how the service was managed. This included looking closely at the care provided to two people by reviewing their care records. We reviewed a staff recruitment file, a medication record and the range of systems that were in place to monitor the effectiveness of the service; these included people's feedback and quality assurance audits.

# Is the service safe?

## Our findings

A person told us, "They [care staff] make me feel safe and they always lock up properly for me when they leave". Care records we reviewed outlined how care staff needed to be aware of the environment and how to ensure people should be supported to remain safe within it. A care staff member said, "I have had training and know how to make sure people are safe".

Care staff were able to describe the procedures they would follow if they witnessed or suspected that a person was being abused or harmed in anyway. Training was provided to staff about how to protect people and identify potential abuse they may experience before they commenced in post. Although the service had not had to make any referrals in relation to safeguarding concerns, the registered manager was able to demonstrate they had a working knowledge of how they would report and refer any that arose. Care staff were aware of the provider's whistle blowing policy and how they would use this, should they have any concerns about people that needed to be reported in confidence.

We reviewed the records the provider kept in relation to an incident that occurred within the service. We found that the provider had appropriately recorded the incident, with the outcome clearly outlined; plans to analyse incidents monthly to check for any trends or learning to be adopted were seen.

Care staff received training and were able to discuss how they maintained peoples' safety in a variety of ways for example, in relation to safely and hygienically preparing food. The care records we reviewed included risk assessments of people's health and welfare needs; they described the risks for staff to consider when supporting the individual. These had been reviewed and updated as necessary. The registered manager told us, "If anything about anyone's care changes, including any risks we let the care staff know and update the records as soon as possible". The care staff member we spoke with confirmed they received regular updates and communication in relation to the people they were supporting.

People told us the provider ensured a consistency of staff that supported them and that they had not experienced any delays in receiving their care. A person told us, "They [care staff] are always on time and stay here for the right amount of time too". A social care professional we spoke with stated they had been told by a person using the service that a consistency of care staff was provided to them and that they stayed for the correct amount of time on each visit. A friend of a person using the service told us, "They [registered manager] phoned to say they were going to be late once, but they did come; they [care staff] are always here on time usually". We saw that rotas were planned in advance and with consideration of providing consistency of staff to people. No missed calls had occurred. This meant that staffing and care was planned to ensure there were sufficient numbers of regular staff to meet people's individual needs.

Care staff were subject to the appropriate checks and references being sought before they had commenced in their role. A care staff member said, "I had to provide two references and they checked my criminal record". Disclosure and Barring Service had been undertaken to determine if prospective staff members had a criminal record or were barred from working with adults. This meant that the provider could ensure as much as possible that staff employed were of good character and fit to work with people who used the

service.

People were supported to take their medication in a safe way, at the appropriate time. A friend of a person using the service told us, "Yes they [care staff] help [person's name] with their tablets and it works really well". We found that medication administration records [MAR] were well completed by care staff and demonstrated how they had supported people to take their medicines. We saw that checks were completed on the MAR by the registered manager each month to check for errors or omissions. Care staff we spoke with told us how they supported people with their medicines; they demonstrated to us that they had a good knowledge of how to do this safely. Training was provided to care staff who were responsible for supporting people with medication and the provider demonstrated how they planned to check staff competency periodically in the future.

# Is the service effective?

## Our findings

People felt staff had the skills and knowledge required to support them effectively. A person told us, "They [care staff] are very good and seem to have good skills". Friends of people using the service, said, "They [care staff] do a great job" and "[Registered managers name] is very good with [person's name] and understands their needs and how to manage them". Care staff we spoke with demonstrated they had a good level of skills and knowledge and had completed an appropriate level of training. A care staff member said, "I have had all the training I need".

Care staff told us and we saw that they were provided with and completed an induction before working for the service. A care staff member told us their induction had left them 'feeling prepared' to do their job. They said it included completing basic training, reviewing the provider's policies and procedures, reading people's care records and shadowing the registered manager to see how people should be supported in line with their assessed needs. We saw that the new employee's performance was monitored by the registered manager through their direct shadowing of them on induction.

A care staff member said, "I feel well supported". They went on to say that they were happy with the level of the supervision they had received and that they could access support at any time if they needed to. The registered manager demonstrated how they intended to support their employees through regular supervision and meetings as the provider's work force increased.

The Mental Capacity Act 2005 [MCA] provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

We saw that the care staff received training and they demonstrated they understood the relevance of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards [DoLS]. People told us that staff sought their consent before supporting them with their care needs. A person said, "They [care staff] ask me if they can do what they have to do before they do it". A friend of a person using the service said, "They [care staff] understand [person's name] and how to get them to accept the help they need, they [care staff] have a way of encouraging them to have things done, as [person's name] can be reluctant at times". Care staff were able to describe how they supported people in line with the principles of MCA and how they gained their consent before assisting or supporting them.

Care staff told us they knew how to support people according to their nutritional and dietary needs. Training was provided to care staff in relation to food safety and care staff told us they would report any concerns they had about people's nutritional intake accordingly. Care plans outlined how staff should support people in line with their preferences.



People told us they thought care staff would know what to do if they should become unwell. A person said, "I know they [care staff] would get me any help I needed". A friend of a person using the service told us, "[Person's name] was in pain and when [registered manager's name] came they got the paramedics out". Care records included information about people's general health needs and conditions. The care staff we spoke with told us they felt confident they had information and skills to provide effective support and knew who to contact should any health concerns arise.

# Is the service caring?

## Our findings

A person said, "The carers are all very nice, they are good to me that's for sure". A friend of a person using the service told us, "If it wasn't for them [care staff], they [person's name] would be in hospital, they are great with him and very kind". Another friend told us, "[Person's name] likes them [care staff]; they are very kind to her".

Care staff we spoke with were able to tell us about the needs and wishes of people who used the service. They described their likes, dislikes and things that were important to them. Care staff we spoke with told us how they supported people to maintain their independence, for example choosing how they wish to be supported to dress. Care records we reviewed outlined opportunities to optimise and promote people's independence and described their abilities.

People told us care staff supported them to make choices about their care and listened to their wishes. The registered manager told us, "We take the time needed to get to know people well and encourage their involvement in making decisions about all their care". Contact numbers for local advocacy services were provided to people in the documents made available in their home.

People told us care staff were patient when they provided support and that staff were respectful and treated them with dignity. A person told us, "The carers are always respectful towards me". A friend of a person using the service said, "They [care staff] are always kind and respectful to [person's name]". A care staff member told us how they maintain people's dignity when supporting them, they said, "I make sure I talk to the person, involve them and make them comfortable".

Care staff told us ways that they were able to communicate effectively with people by using the care plans available in people's homes and through the relationships they had formed with the people they supported. A friend of a person using the service described how staff were able to communicate well with their friend, they told us, "[Persons name] can find it hard to communicate, but [care staff member's name] manages that really well, they are very patient".

## Is the service responsive?

### Our findings

People had been involved in their care planning which we saw were written in the person's words and were signed and agreed accordingly. Relatives and others, for example friends, were also encouraged [with the persons consent] to be involved in people's care planning. One person said, "Yes they [care staff] asked me everything and wrote down what I wanted done". We saw that people's needs were assessed before support was offered to them to ensure their needs could be met by the service. When assessments identified specific needs the provider ensured they had care staff available with the skills and resources in place before they agreed to offer a care package for that person. We saw that the provider was in the process of recruiting staff before taking on any extra packages of care. The provider said, "We want to be able to make sure the carers aren't rushed, we can provide the same worker where as often as possible and we can meet people's needs properly".

People told us that their preferences for how they wished to receive support were always considered by care staff. One person said, "They [care staff] do things how I want them done". A social care professional we spoke with described how the provider 'knew people's needs well' and they told us they were 'happy with the content of the care plan'. We found that care plans were well written and informative; they provided a detailed account of people's likes, dislikes and the relationships with the people who were important to them. They also contained information about how personal care should be delivered, people's communication skills, physical abilities and mobility needs. Care plans were regularly reviewed with people and updated appropriately when their needs changed.

People's cultural and diverse needs were discussed and considered as part of their initial assessment. At the time of our inspection no one using the service had any specific cultural, language or religious needs that care staff were supporting them with. However, care staff demonstrated that they considered all aspects of people's well-being and that they knew how people's more diverse needs should be met.

A person told us, "I know they would sort any problem or complaint I had". The provider had a complaints procedure in place and provided people with information about how to make a complaint. Each person using the service was provided with a 'handbook' which detailed how to make a complaint and also contained a blank complaints form for them to complete should the need arise. Details of other external organisations that people could raise any concerns with such as the local authority or the Care Quality Commission were also included. The registered manager told us they had not received any complaints about the service since they had started working with people. Care staff were aware of the complaints procedure.

## Is the service well-led?

### Our findings

People told us they were happy with the service they received. A person told us, "It's first class; it's all really very good". Friends of people using the service said, "They [care staff] do an excellent job under the circumstances" and "I very much like the way they look after [person's name], they [care staff] are marvellous". A social care professional we spoke with described the person using the service they had contact with as 'very happy with the support they receive'.

People and care staff spoke about how well the service was led and managed. People and their friends told us they had met both the registered manager and provider and they regularly received support from them. A friend of a person using the service told us, "[Providers name] often comes in to support [person's name]. They understand him and know how to care for him". A social care professional we spoke with described the management team as 'pleasant and easy to get in touch with'. Care staff were positive about working for the provider, saying, "They are good people to work for, very approachable and I would be more than happy to increase the hours I work for them".

The service had a registered manager and we were satisfied that they were aware of what notifications had to be sent to us at the Care Quality Commission (CQC). Notifications would tell us about any significant events that had happened in the service.

The provider had at the time of our inspection only been operating for a short time; however it was clear that they had all the necessary knowledge and systems in place to ensure the service provided was monitored regularly to check its quality and that people were satisfied. For example we saw that the registered manager audited medicines administration charts and daily reports as they were returned to the office from people's homes for any gaps, errors or omissions and to ensure a good standard of documentation. Care reviews were also being conducted with people, enabling them to give any feedback or raise concerns about the quality of care they received.

Care staff told us there were clear lines of management and they understood their role and responsibilities. They told us they had access to management support whenever they needed it. One care staff member said, "I am well supported and I can get them [management] on the phone any time I need them". From the feedback we received a culture of openness and support for all individuals involved in the service was apparent.