

Midas Care Solutions Ltd

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Midas Care Solutions Ltd is a domiciliary care service providing personal care to people living in their own homes. Midas Care Solutions Ltd provides personal care to people with dementia, learning disabilities, physical disabilities, sensory impairments, younger adults and older people. At the time of the inspection 106 people were using the service for personal care.

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.

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

Risks to people were not consistently assessed and planned for however staff understood how to reduce risks. Medicines were not consistently recorded in people's medicine administration record to show they were given as prescribed.

People did not consistently have their health needs assessed and planned for, there was a lack of guidance for staff on how to support people to maintain their health.

People were not supported to have maximum choice and control of their lives and whilst staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service did not consistently support this practice.

Systems and processes to monitor the risks to people were not consistently identifying areas of concern and enabling improvements.

People were safeguarded from abuse as staff understood how to recognise potential abuse and reported any issues for investigation by the appropriate inspection. There were enough safely recruited staff to meet people's needs. Where incidents had happened there were processes in place to reduce and prevent further incidents.

The provider had processes in place to learn and make improvements to the service and they worked with other agencies to provide people's care.

An initial assessment of people's needs was undertaken, and people and their relatives were involved in this process. People were supported by a consistent staff team who were supported in their role and received regular updates to their training. Where people required support with their meals and drinks this was provided by staff.

At the time of the inspection, the location did not care or support for anyone with a learning disability or an

autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

Rating at last inspection.

The last rating for this service was requires improvement (6 August 2019). The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

Why we inspected This inspection was prompted by a review of the information we held about this service.

Enforcement

We have identified breaches in relation to how people are supported to consent to their care and the governance of the service 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 from 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 continue to monitor information we receive about the service, which will help inform when we next inspect.

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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Midas Care Solutions 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 Health and Social Care Act 2008.

Inspection team

This inspection was carried out by 1 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.

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 provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. 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 it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 13 June 2023 and ended on 20 June 2023. We visited the location's office/service on 15 June 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used information gathered as part of monitoring activity that took place on 5 January 2023 to help plan the inspection and inform our judgements. We used all this information to plan our inspection.

During the inspection

We spoke with 5 people who used the service and 6 relatives about their experience of the care provided. We spoke with 9 members of staff including the registered manager, care coordinators and care staff. We reviewed a range of records. This included 10 people's care records and multiple medication records. We looked at 3 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.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Medicines were not consistently recorded in people's medicines administration records. For example, where people were having a topical cream applied this had not been documented as a medicine.
- Staff received training and had their competency assessed for administering medicines. Staff could tell us how they ensured people had the medicines as prescribed and where needed supported with ensuring there was sufficient supply of medicines where people needed help.

Assessing risk, safety monitoring and management

- Risk assessments were not clearly documented. Where initial assessments had identified people were at risk guidance was either not in place or limited for staff. For example, where a falls risk was identified there was no guidance for staff on how to minimise the risks.
- Where guidance for staff was in place this was often not sufficiently detailed. For example, where people needed a hoist to move safely there was limited guidance for staff in the care plan. This meant staff may not be aware of how to use the hoist safely.
- Where people had risks relating to their skin integrity, there was no information on the actions staff needed to take in people's care plans. This meant people were at risk of their skin becoming damaged.
- We spoke to staff, and they were able to describe how they managed risks to people's safety, including falls risks and using equipment safely and we found no evidence people had come to harm.
- The registered manager told us they had recently moved to a new care planning system and whilst the new system had missing risk assessments staff were aware of how to support people safely and some of the old care planning system was still in use.
- The provider confirmed risk assessments would be reviewed and the system updated to accurately guide staff on how to mitigate risks.

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us they felt safe using the service. One relative told us, "[Person's name] feels safe with their support."
- Staff understood how to recognise abuse and could describe how they would report any concerns. Staff told us they record on an incident form and in the system and then alert the main office by telephone when any incident occurs.
- We saw where incidents had occurred these had been reported to the appropriate body for investigation.

Staffing and recruitment

- People were supported by enough staff to meet their needs. One person told us, "The carers are very good, I am happy. They arrive on time. I have no complaints." However, some people told us staff were late to their calls. One person told us, "The times vary because I live in an isolated location and travel time is an issue for them."
- There was a system in place to check staff arrived at people's home at the right time to support people. The electronic monitoring system sent an alert to the office staff if the staff member arrived at the call early or late, allowing for the office staff to minimise the risk of people not receiving their care on time.
- Staff were recruited safely. The provider had a recruitment process in place which checked on the suitability of staff using a Disclosure and Barring Service (DBS). These checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Preventing and controlling infection

- People were protected from the risk of cross infection. Staff had been trained in infection prevention control measures to keep people safe.
- Systems ensured staff followed the infection prevention control procedures. There were regular checks on staff using the procedures in people's homes.
- Staff wore personal protective equipment (PPE) to protect people against the risk of infection. One person told us, "The staff wear PPE on the calls."

Learning lessons when things go wrong

- There were systems in place to learn when things went wrong. The registered manager reviewed any incidents to identify any learning and make changes to the service.
- Where incidents occurred, there was consideration of wider learning. For example, changes had been made to staff training and competency checks following an incident with medicines administration.

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.

At our last inspection we rated this key question requires improvement. At this inspection the rating has remained requires improvement.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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.

- At our last inspection mental capacity assessments were not decision specific and not always consistent with information in people's care plans
- At this inspection we found improvements had not been made. MCA assessments had been completed but they were not decision specific and there were no documented best interest decisions.
- It was not clear from the documentation where people did not have capacity. There was conflicting information in the MCA assessments and peoples care plans which meant we could not be sure people were supported in line with the law to consent to their care and support.

MCA principles had not been followed and consent had not always been given in line with the law. This was a breach of regulation 11 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately and confirmed additional training was being arranged to ensure staff understood how to document MCA assessments and best interest decisions.

- Staff understood when people were able to consent to their care and how to support people with decisions which they were unable to make for themselves.

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

- The provider had undertaken assessments which identified people's needs. However, the care planning system did not consistently include guidance for staff about how to support people.
- One person had needs relating to their diabetes. This was identified in the assessment but there was no guidance in the care plan for staff.
- Staff were able to tell us how they supported people however and we found no evidence people had come to harm. The registered manager told us the system was new and they would be making updates to people's care plans to add the missing details, we will check this at our next inspection.

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

- People did not always have clear plans in place to identify the support they needed with meals and nutrition. For example, one person was at risk of malnutrition. The person's care plan lacked details on the support they needed to maintain a healthy diet.
- Staff were able to describe the support the person needed including how they were encouraged to eat meals and have supplements to maintain a healthy diet.
- The registered manager told us they would review care plans to ensure all relevant information and guidance was in place for staff to follow to meet people's assessed needs.

Supporting people to live healthier lives, access healthcare services and support

- People's care plans did not always give staff information about people's health conditions. For example, where people were known to have health conditions such as diabetes there was limited information for staff on what this may mean and when they should raise concerns with a healthcare professional.
- However, staff were able to tell us about people's health care needs and the actions they would take if someone was unwell.
- The registered manager confirmed after the inspection they would be undertaking a review of people's care plans to ensure they had specific information about known health conditions and how staff should support people included in all care plans.

Staff support: induction, training, skills and experience

- Staff received an induction and training in their role. One person told us, "I am absolutely happy with the staff who arrive on time and complete all the tasks. They will do anything for me. They are well trained, and I have no complaints or concerns."
- Records showed staff had received training which was monitored to ensure this stayed in date. For example, staff had training in safeguarding, manual handling and dementia.
- Competency assessments were undertaken to ensure staff had the required skills. For example, with medicines administration. Where needed staff had additional training and could raise any issues or request additional training in their regular supervision sessions.

Staff working with other agencies to provide consistent, effective, timely care

- People told us they received care from a consistent staff group. One person told us, "I am very happy with the staff. The staff are regular ones and I get on well with them well. They are well trained and experienced, kind, and compassionate, they chat to me."
- Staff told us they worked with other agencies to support people. For example, one staff told us about how an occupational therapist had worked with them to guide how they supported a person with mobility. Another staff member told us how the district nurse would work with them to protect people's skin from breaking down.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has remained 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

- At the last inspection audits were not effective for checking on people's medicines administration and care plan accuracy. At this inspection whilst some changes had been made these were not effective.
- Where audits were undertaken these were not identifying concerns and enabling actions to be taken make improvements. For example, medicines audits had not identified where all medicines were not recorded in the electronic system.
- There was a lack of governance arrangements in place for aspects of the service. For example, there was no care plan audit in place, this meant where care plans were missing or lacked details this had not been identified.
- The governance arrangements had not identified where aspects of the service required improvement. For example, our findings of MCA assessments not being effective and peoples care plans either lacking detail or not being in place had not been identified by the providers governance arrangements.

Governance arrangements were not effective in identifying areas of improvement. This was a breach of regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection. They told us they had made changes to the systems in place to monitor the service including checks on all care plans for completeness and accuracy.

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

- People told us the service helped them to maintain their independence and they were happy with how they were supported. One person told us, "I think the company is well organised and I have no complaints. I would recommend them."
- All staff we spoke with were positive about working at the service. One staff member said they had stayed working here because it was so much better than other places and they were happy and supported.
- The registered manager told us they had made changes since the last inspection to how staff were recruited and now had a full complement of staff.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open

and honest with people when something goes wrong

- The registered manager understood their role and responsibility to be open and transparent which things went wrong. We saw where incidents occurred, they had notified appropriate people and apologised and gave updates on the learning from the incident.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- There were opportunities for people and their relatives to share their feedback with the service through a questionnaire. We saw changes had been made to individual's care following the feedback.
- People and their relatives were complimentary about the service and felt they were responsive. One person told us, "The company is well organised, and staff are very polite on the phone, they are responsive. I would recommend them."
- The registered manager welcomed feedback and used this to make ongoing improvements to the service. Feedback from people and their relatives, staff, other agencies was gathered to learn how they could make changes to people's care.
- The registered manager used information shared with them about the service through a variety of methods to adjust the service. For example, one person raised concerns about the staff approach to manual handling and all staff received refresher training as a result using a different approach to how this was provided to address the concerns.

Working in partnership with others

- The staff worked in partnership with other agencies to provide people's care. One staff member told us about how they communicated with a district nurse about one person to ensure they had up to date information about supporting the persons health needs.
- We saw feedback from health professionals which showed they valued the input of the staff in supporting people. For example, a district nurse and occupational therapist gave positive feedback about relationships between people and staff and how equipment was used.

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 11 HSCA RA Regulations 2014 Need for consent</p> <p>MCA principles had not been followed and consent had not always been given in line with the law. MCA assessments were unclear and it was not always possible to determine if people had capacity to consent to their care. There were no decision specific documented best interest decisions.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Governance arrangements were not effective in identifying areas of improvement. Audits were not identifying concerns and driving improvements in medicines administration and there was a lack of oversight of care plans.</p>