

Midas Care Solutions Ltd

# Midas Care Solutions Ltd

## Inspection report

Trafalgar House  
81-83 Darlington Street  
Wolverhampton  
WV1 4JD

Tel: 01902587062  
Website: [www.midasrecruitmentsolutions.co.uk](http://www.midasrecruitmentsolutions.co.uk)

Date of inspection visit:  
11 June 2019  
13 June 2019  
14 June 2019

Date of publication:  
06 August 2019

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Midas Care Solutions Ltd is a domiciliary care agency providing personal care to people living in their own homes in the community. 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, seventeen people were using the service for 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

Audit systems in place to check the quality of the service were not always effective. People and their relatives were encouraged to share feedback and engage with the service. Staff felt supported and listened to.

Mental capacity assessments were not always completed effectively. This meant people may not have always been supported to have maximum choice and control of their lives and staff may not have always supported them in the least restrictive way possible and in their best interests; the policies and systems in the service did not always support this practice

Systems were in place to protect people from abuse and staff understood them. Processes were in place to ensure staff were recruited safely. Risk was managed and reviewed to ensure people were kept safe.

People's needs and choices were assessed and promoted effectively. Staff were skilled and had the knowledge to deliver effective care. Staff worked well together and with healthcare professionals to effectively meet people's needs.

People were supported by kind and caring staff who displayed empathy and compassion. People and their relatives were encouraged to be involved in making decisions about their care. People were supported by staff who respected their privacy and dignity and promoted their independence.

People were supported by staff who understood their preferences and individual communication needs. People's concerns and complaints were listened to, investigated and responded to appropriately.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection:

This service was registered with us on 12 January 2017 and this is the first inspection.

### Why we inspected

This was a planned inspection.

### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good 

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement 

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

### Is the service well-led?

The service was 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 Care Act 2014.

#### Inspection team

The inspection team consisted of 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.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community.

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

#### 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 11 June 2019 and ended on 14 June 2019. We visited the office location on 13 June 2019.

#### What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We reviewed information we had received about the service since it was registered. 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. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with four people who used the service and six relatives about their experience of the care provided. We spoke with four members of staff including the registered manager and care workers.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and call monitoring records and was provided with an action plan the provider had already put in place prior to the inspection.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person told us, "I feel very safe".
- Staff had undertaken safeguarding training and understood how to recognise the signs and symptoms of potential abuse and how to report and record their concerns. A staff member told us, "I would report any type of abuse to the office including verbal, physical or financial abuse. I would also write a report to document the abuse."
- Systems and processes were in place to protect people from abuse and we saw these worked effectively.

Assessing risk, safety monitoring and management

- Systems were in place to monitor accidents and incidents and action was taken to reduce future risk.
- People's risks were assessed and reviewed. Staff understood how to manage people's risks safely.

Staffing and recruitment

- People told us their care calls were usually on time and staff would contact them if they were going to be late.
- Safe recruitment practices were followed to ensure people were supported by suitable staff. Disclosure and Barring Service (DBS) checks were undertaken and references were obtained prior to staff commencing employment.

Using medicines safely

- Effective systems were in place to store, administer and record medicines to ensure people were protected from the risks associated to them.
- Staff were trained to ensure they were competent in medicine administration.

Preventing and controlling infection

- People were supported by staff who knew how to prevent the spread of infection. A staff member told us, "We wear gloves and aprons and make sure we wash our hands. I also bring gel with me and dispose of gloves and aprons in the outside bin."

Learning lessons when things go wrong

- When things had been identified as going wrong, lessons had been learned. For example, where medicine administration errors had occurred, staff underwent competency retraining to reduce the risk of this happening again.

# Is the service effective?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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 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. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty

We checked whether the service was working within the principles of the MCA.

- Mental capacity assessments had been undertaken when required. However, they were not always decision specific and it was not always clear and consistent whether a person had capacity to make a decision. For example, one mental capacity assessment referred to a person being able to understand information "to an extent". This meant it was not clear whether the person lacked capacity to make a specific decision.
- People's mental capacity assessments were not always consistent with information contained within a care plan regarding their capacity to make a specific decision.

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

- People's needs and choices were assessed. We saw pre-assessment of needs was undertaken prior to people receiving support with personal care and assessments and care plans were usually reviewed as people's needs changed.
- Care was delivered in line with the assessment of people's needs and choices.

Staff support: induction, training, skills and experience

- People were supported by staff who had the skills and experience to meet their needs.
- Training records were in place which identified training that had been undertaken by staff and any gaps in learning.



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

- People were supported with eating and drinking where they needed it in line with their care plans. A staff member told us, "[Person's name] can only eat pureed food and we have to make their drink thicker. This is because they had a stroke and can't swallow properly and so if they eat anything thicker, it may choke them."
- People were supported by staff to choose what meals and drinks they would like. One person told us, "I want fresh cooked meals so they do this for me."

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

- People were supported to access healthcare services and relatives were kept informed of changes in people's health. For example, a person told us a carer had contacted their GP and 111 when they were not feeling well.
- Timely referrals were made to involve other agencies in people's care where needed and staff worked closely with other agencies to provide effective care to people.

# Is the service caring?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Most people told us they were supported by staff who treated them with kindness and compassion. One person told us, "The staff are lovely." A relative told us, "The staff are respectful and kind people."
- People were treated with respect. One person told us, "I am happy with the staff, they are most respectful."

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

- People were encouraged to make decisions regarding their care.
- People felt listened to and felt that their views were respected. One person told us, "The staff are very polite and do what I ask of them."

Respecting and promoting people's privacy, dignity and independence

- People's care plans detailed what they could do for themselves and staff supported them to maintain their independence. For example, a staff member told us they gave one person more time in the morning so they could walk using a frame to promote their independence rather than using a hoist for transfers.
- People were supported by staff who promoted their dignity. A staff member told us, "When we are giving personal care, we cover body parts we are not washing. We always make sure the blinds and curtains are closed."

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

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

- People's diverse needs and protected characteristics were not fully considered within assessments, in line with the requirements of the Equality Act 2010. Some assessments included a reference to people's religion and ethnicity but it was not clear that any diverse needs were fully considered. The registered manager showed us their action plan where they had already identified this and had taken steps to adapt documentation to ensure diverse needs were fully considered.
- People and relatives were involved in their care and support and contributed to their own care plans.
- People were supported by staff who understood their personalised needs and gave them choice when meeting their needs.

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 considered and understood. For example, feedback forms were issued in easy read format with pictorial images to ensure people could provide feedback in a way that met their communication needs.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported by staff to promote social interaction. One person told us, "I spend a lot of time on my own so really enjoy the staff talking to me."

Improving care quality in response to complaints or concerns

- People told us they knew how to complain. A person told us, "There is a number to call if I have a complaint and an out of hours number in the book."
- A complaints policy was in place and complaints were responded to in line with the policy.

End of life care and support

- The service was not supporting anyone with end of life care at the time of the inspection.
- The registered manager told us they had attended training regarding end of life care and planned to run this training out to staff.

# Is the service well-led?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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

- Audit systems were in place to check the quality of the service but they were not always effective to identify quality issues. For example, medication audits were undertaken but they did not identify that some medicine administration records (MARs) were not dated so it was not possible to tell which month the MAR was for. Audits also failed to identify where some MARs did not have a person's address and where some medicine had not been administered. MAR charts were not always legible.
- Service user file audits were effective in identifying whether specific documentation was present in a person's file but were not robust enough to identify whether the quality of the information was sufficient to ensure people's needs were met.
- If actions were identified by audits, the provider usually addressed these. However, as audits were not always effective in identifying all required actions, we could not be assured that all required actions had been addressed.
- The registered manager was aware of their legal responsibilities such as making notifications and submitting a PIR to CQC.

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

- Staff felt supported and listened to and had the opportunity to raise concerns.
- People and staff told us the management team were approachable and they were confident that any concerns would be addressed.

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 told us in the PIR they operate a culture of honesty and exercise a duty of candour with people who use the service.
- The management team were open and honest with people when things went wrong. For example, people and their relatives told us where carers were running late, they would contact them to let them know.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and relatives were encouraged to share their feedback about the service through completing feedback forms. The provider acted on the feedback received.

- Staff attended regular team meetings and the registered manager held quarterly supervisions with staff.

Continuous learning and improving care; Working in partnership with others

- People were supported by staff who management encouraged to continuously develop their skills and knowledge.
- The registered manager told us they attend events with other providers where good and bad practice is discussed and engage with local authority training to continuously improve care.
- People were supported to remain safe and healthy through regular input from a range of different health professionals.