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?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Midas Care is registered to provide personal care to people who live in their own homes. At the time of this inspection care was provided to 315 people who lived in Cambridgeshire and Fenland villages.

This comprehensive inspection took place on 25 and 27 October and 2 and 3 November 2016 and was unannounced.

At the last inspection on 4 and 5 August 2015 there was a breach of a legal requirement found. After the comprehensive inspection the provider wrote to us to say what they would do to meet the legal requirement in relation to improvements required to make sure that people's care was as respectful as it should have been. The provider sent us an action plan telling us how they would make the required improvements. During this inspection we found that the provider had made the necessary improvement and all legal requirements were now being met.

A registered manager was in post at the time of the inspection and had been registered since 2010 under the current legislation. However, although in post they were not present during this inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the agency. 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.

Staff's knowledge about keeping people safe helped ensure that any incident of harm would be reported. People's individual care needs were provided by a sufficient number of skilled and competent staff. An effective recruitment process was in place to ensure that staff were suitable to look after people who used the service. People's medicines were administered safely and as prescribed.

People's nutritional needs were met and supported by staff who possessed the necessary care skills. People, with staff's support, could access health care services according to their needs.

The CQC is required by law to monitor the Mental Capacity Act 2005 [MCA] and to report on what we find. The provider was aware of what they were required to do should any person lack mental capacity. Management, office based staff and care staff were aware of, and liaised with, those agencies who were responsible for submitting applications to the appropriate authorities to lawfully deprive people of their liberty. Staff had an awareness of the application of the MCA code of practice.

Staff were provided with the necessary training and skills they needed to do their job and undertake their role effectively.

People's privacy and dignity was provided by staff in a respectful way. People, their relatives or representatives were provided with various means to be involved in the review of people's care plans.

People were provided with various opportunities to help reduce the risk of social isolation. Assistance was provided by staff so that people could be as independent as possible such as help with hobbies, shopping and maintaining an active lifestyle based upon people's preferences and needs.

A system was in place to listen to, record and respond to people's concerns and complaints.

The registered manager was supported by a team of management staff and care staff. Appropriately trained staff had regular mentoring, training and they had the management support they needed.

Various methods and opportunities were provided so that people, their relatives and staff were able to make suggestions to improve and maintain the quality of the service that was provided. An effective quality monitoring and assurance process was in place and actions were taken whenever improvements were identified.

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.

A sufficient number of suitably recruited staff were in place to meet people's needs.

Risks assessments were in place and staff were aware of how to keep people as safe as possible.

People were supported to manage their prescribed medicines by trained and competent staff.

Is the service effective?

Good

The service was effective.

Staff were trained and had the skills they needed to do their job.

The provider was acting in accordance with the principles of the MCA. People's rights were protected.

People's health and nutritional needs were met.

Is the service caring?

Good

The service was caring.

People's care was provided by staff in a caring and considerate manner.

Staff valued people's rights to privacy, dignity and independence.

People made or were supported to make decisions about how they wanted to be looked after.

Is the service responsive?

Good

The service was responsive.

People's individual care needs were assessed, reviewed and provided by staff who actively involved people.

A range of opportunities were provided to support people to access and visit the community to help reduce the risk of social isolation.

People's concerns and complaints were listened to and acted upon.

Is the service well-led?

Good

The service was well-led.

Staff were supported in their role to be open and honest and as a result of this improvements were identified.

Various opportunities were provided to enable people and staff to make suggestions as to how the service was run and managed. People's views were listened to and acted upon.

A range of effective and responsive quality assurance procedures and systems were in place to help drive improvements in the quality of care people were provided with.

Care Quality Commission

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 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 unannounced inspection took place on 25 and 27 October and the 2 and 3 November 2016 and was undertaken by one inspector and an expert by experience. An expert by experience is a person who has personal experience of caring for someone who uses this type of care service.

Before the inspection we looked at all of the information that we had about the service. This included information from notifications received by us. A notification is information about important events which the provider is required to send to us by law. Also before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Prior to the inspection we made contact with the local authorities who commission people's care. This was to help with the planning of the inspection and to gain their views about how people's care was being provided.

During the inspection we visited the agency's office and spoke with the manager, a quality assurance officer, the operations' manager, two care co-ordinators, two field care supervisors and nine members of care staff. We spoke with 21 people and four relatives via the telephone. We also spoke with the electronic call monitoring system company's representative.

We looked at six people's care records, medicines administration records and records in relation to the management of staff and the service.

Good

Is the service safe?

Our findings

We received a mixed response from people's satisfaction as to their safety and the timeliness of their care calls. This was because some people were awaiting a permanent care provider post their discharge from hospital. For example, one person told us, "I'd just like a small number of regular carers [staff] who I can get to know and who get to know me, then I'd be happy." Another person said, "I have to be so careful not to fall anymore so I only have a shower these days when I have my regular carer [staff] with me, as I only really feel safe and supported when she's with me." A third person told us, "When my regular carer [staff] is working, apart from emergencies, she always arrives on time. If she is running late, she will ring me. Unfortunately, when she's not here, I never really know what time a [staff member] will arrive and it's really annoying. I always have to phone the office as they never call me." The provider and management staff were in the process of implementing improvements to the way some people's care was provided. The manager showed us the new call monitoring system that was being piloted with five people. This provided up-to-date information as to when staff arrived and departed from people's homes. It also showed the management if care staff had logged into the system correctly in people's homes. This enabled care coordinators to rearrange any care calls should planned staff not be available for any reason. All people confirmed to us that they had never had a missed care call.

The majority of people did however tell us that they felt safe from the risk of harm and all of the relatives said that they felt their family member was kept safe. One person said, "I have the same staff most of the time. They stay with me until it [all my care] is completed. They have time for a chat as well. I never feel rushed." Another person told us, "I need a walking frame and they [staff] always remind me to use it. They leave it right by my side when they leave." One relative told us that the reason they felt their family member was safe was because there was always two staff to help with moving and handling tasks."

Staff had been trained and were knowledgeable about how to protect people from any risk of harm. Care and office based staff told us about the different types of harm as well as those organisations they could report their concerns to if this was required such as the local authority. Staff were also aware of what to look out for should they suspect any person of being harmed. They described the possible changes in people's behaviours and condition of their skin. One member of care staff said, "They [person] might be withdrawn, quiet or have bruises that would not normally be expected." One person told us, "I have one (an emergency call bell) round my neck, I've only had it recently (due to a change in care needs), but it gives me a bit more confidence to move around my flat a bit more." One care coordinator said, "If care staff called me with any concerns I would report this to my manager or [name of the registered manager] straight away." The local authority safeguarding team had provided positive feedback, "[Name of staff] has kept me updated throughout the process which is great. [Name of staff] has also been very supportive with [person], and a [situation] involving ex care staff. It really makes my job a lot easier and is much appreciated."

Risk assessments had been completed and covered those areas where people may be at risk such as from falls or from a pressure sore. Information in people's care plans enabled staff to have the required guidance to minimise the risk of harm to people. This included measures such as how to manage these risks. One relative told us that, before their family member started having care, they were asked to provide details of the utility supplies and how to turn these on and off. This was as well as any floor surfaces which could become slippery when wet. A field care supervisor told us that they always visited people's homes to ensure that they were a safe place to care for people and to work in. The manager said, "As a member of various managers' forums I was made aware of a fire safety incident. As a result of this we contacted the fire service and we offer people their help with free fire alarms and surveys of people's homes if we identify any risks." This demonstrated to us that people were assured that risks to their health and wellbeing were managed effectively.

Other risks were assessed and measures were in place to manage these risks. These measures included risks associated with people's moving and handling, mobility and skin vulnerability as well as the security of people's homes. One relative confirmed that staff always left their family member's door locked and accessed the property using a key which was held in a secure container. Measures such as a need for two staff, were in place to provide people with safe moving and handling with the use of suitable equipment. One person said that the reason they felt safe was because the staff were "always careful." Another person told us, "I used to be able to get around on my own but after a fall I need them [staff]. I can't fault them as I rely on them when I need to get [out of bed]."

We found that a sufficient number of staff were in place to meet people's assessed needs. Staff told us that there was enough staff to look after people's needs and measures were taken to cover unplanned absences. Care coordinator staff explained to us the action that was taken should a member of staff call in sick or report their absence due to transport problems. One said, "Generally, I can cover absences from existing off duty staff or staff volunteering for an extra shift."

Some care staff told us that there were occasions where it was sometimes difficult to get from one person's home to the next persons in the time available. We found that in addition to staff meetings also identifying this issue in some areas, strategic changes had been made to make it easier for staff to travel meet the people they were allocated on their roster. The manager told us, "There has been several geographical changes made to how staff are deployed. This has saved travelling time and gives staff the time they need to provide people's care." One relative told us, "They [staff] are rarely more than a few minutes late, 10 at most. It's never an issue." One person said, "Sometimes due to the weather or traffic staff arrive a little late. We do get a call from them [office based staff] if it is going to be more than 30 minutes or if another one [staff member] is going to be sent in place." Another relative said, "I have only ever had to ring once to ask where they [staff] are. That was ages ago though. They have been reliable since then." People's daily records showed that staff arrived at the time they should and stayed the expected duration of the care call visit.

The provider told us in their provider information return [PIR], "Once support commences, service users can expect to be kept safe as they will receive care only from staff who have passed our rigorous recruitment process and in possession of an enhanced DBS (Disclosure and Barring Service for any unacceptable records) check. For staff, training includes medicines management and administration. Following training staff undergo a competency check and this is monitored regularly. Where Midas Care employs [care staff] where their first language is not English, additional checks are added to the recruitment process and where necessary on-going support to develop their knowledge of the English language is provided. This was confirmed by staff we spoke with. One staff member told us that as part of their recruitment, "I had to provide my passport, proof of address, two written references, [evidence of] my qualifications and complete employment history in my CV (Curriculum Vitae) as well as details of where I worked [abroad]." Records we viewed showed us that appropriate checks had been made to establish staff's suitability to work with people using the service. A care coordinator said, "I had to provide proof that I was in good health. My English is already very good but I learn many words people use as part of their dialect."

We found that staff had been trained in the administration of people's medicines and correctly completing medicines administration records (MAR). One staff member said, "One thing with [Midas Care] is that we are always having training or refreshers for this. I have medicines administration training every six months and my competence is assessed as well. I even have a spot check by the field care supervisors." They told us that this was to make sure that they were administering people's medicines correctly and as prescribed. People were satisfied with how they were supported to take their prescribed medicines. One person said, "I take all my own medicines but they [staff] prompt me as I sometimes forget." One relative told us that they were satisfied with how staff applied topical skin creams to their family member as prescribed by the person's GP. Another person said, "My carer [staff] usually comes early every morning so I can have my tablets on time. She gives me a drink and then when I've taken them, she will write in the records." Members of staff described the process of how people were supported with their prescribed medicines. One member of care staff said, "I only administer those medicines recorded on the MAR. If I see any errors or omissions I tell the office [staff] and they look into this. I make sure the medicines I give are correct and match the dosage on the MAR."

Good

Is the service effective?

Our findings

Prior to using the service people's needs were assessed. This was planned to help ensure that any staff who required any specific training that this was in place. Staff training on additional subjects included catheter care, diabetes and dementia care. One relative told us, "All the staff seem to know what they are doing. We did have some whose first language wasn't English and [family member] struggled to understand them but now [family member] gets on well and has developed a really good working relationship with them [staff]. [Family member] would tell me straight away if they felt that any staff did not know what they were doing." One person said, "My regular care staff know me very well and I don't have to explain anything to them because they will just get on and do what it is I need help with. Any newer care staff's that I haven't seen for a while, don't usually have time to look at my care plan in detail so I will tell them what it is I need help with."

One field care supervisor told us, "All my team [care staff] have an induction where they complete the Care Certificate (a nationally recognised evidenced based qualification in care) before they complete their probation. Any staff who did not meet the required standards are offered additional support." The manager told us that where staff consistently failed to make the grade then they could no longer continue caring for people. One care staff told us, "I had training on first aid, moving and handling, the Mental Capacity Act, health and safety as well as medicines administration." The provider wrote in their PIR about some of the recent training that had been completed and examples include stoma care (this is for people who had an opening in their stomach for dignified support with their continence) and basic physio training to deliver regular exercise movements for people who required this support. This was confirmed in care plans we looked at.

The provider wrote in their PIR, "All staff receive regular supervisions; Midas Care believes in adding group supervisions to the development programme where mini training sessions are hosted to deal with individual service user's needs or to assist in cascading updates in training." Staff were provided with support during their supervision sessions. Staff told us that these sessions were very much "two way" and an opportunity to raise any points such as what worked well and anything that was not working quite so well. For example, staff and managers having the opportunity to review the wellbeing of staff and to discuss work or matters regarding people's care. All managers, office based staff and care staff told us that were supported with mentoring, shadow shifts and any training appropriate to their role. One member of care staff said, "We all work as a team and if any staff need help then we help each other." Another member of care staff said, "I've worked for several care organisations and Midas Care, by far, provides the best training." If you need to call the manager you can. I have done at midnight before and they listened to me and made sure everything was alright."

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

We found that all staff we spoke with were aware of the MCA and they were knowledgeable about putting its code of practice into action. One staff member told us, "I have had training on the MCA. It is about respecting people's choices, keeping people safe and if necessary depriving them of their liberty." One person told us there were staff whose first language wasn't English but the person was offered choices that they understood such as staff hold up a choice of clothes.

The Operations' manager explained how they were liaising with the local authority where people had been deemed to lack capacity. They said, "Once we identified that the person met the requirements and that they lacked the ability to understand their decisions we approached their social worker as part of the MCA. People's care records showed us the decisions people could or couldn't make. This was as well as the decisions people needed support with such as taking prescribed medicines and the clothes they liked to wear. A field care supervisor told us, "If ever people's capacity to make a decision changes we reassess their needs. And if necessary I speak with their family, GP and [name of manager] to ensure we only put restrictions in place that are in the person's best interests and if required [lawfully] authorised."

The manager told us that they and other management staff had attended the local authority's MCA and Deprivation of Liberty Safeguards (DoLS) training sessions. They said, "It was really good to understand when you can and can't deprive people of their liberty as well as how to do this through a social worker and the Court of Protection. We have two cases that are ongoing at the moment." One care coordinator said, "We can't force things on to people. They can make decisions we don't agree with but if the person understands what not taking their medicines means then we accept this. I always make sure I discuss the consequences first and then record the refusal." Relatives told us that they had no concerns about how their family member was supported in making day-to-day decisions about their care.

We found from records viewed and people we spoke with that adequate support was provided for people's nutrition. If people needed help with maintaining adequate nutrition and hydration this was provided. One person said, "They [care staff] always ask me what I would like to eat and drink but I usually have my favourite sandwich. They always make sure I have a drink nearby before they leave." Another person told us, "I have plenty to eat. My [family member] does my food shopping for me and when my girls [care staff] come to sort my dinner out, she will look in the freezer and tell me what meals there are there and I will then decide what I fancy eating. I find the potion sizes are just right for me." One staff member told us that where people had health conditions affected by their diet, such as a low sugar diet, they were aware of the dietary needs. For example, what action to take if the person appeared unwell. A third person said, "I'm always being told I need to drink more. My [care] staff will always make me a hot drink as soon as she comes in and then she will leave me a couple of glasses of water for me to drink during the morning before my next care staff comes. It's my own fault if I don't drink it." Members of care staff were knowledgeable about assisting people to maintain their nutritional health. Where people were at an increased risk of malnutrition we saw that advice had been sought from community health care professionals such as a dietician or district nurses.

People's health needs were met with support from staff, if needed. One person said, "I will usually ask my [family member] to ring and make me an appointment if I have anything that I am worried about in regards to my health. It is easier to ask [them] to do it for me and [they] always take me to the appointments anyway." A relative told us, "When the care staff were here this morning they felt that my [family member] might have a chest infection so they called the GP and they are coming round this afternoon." Other people we spoke with were confident that should they ever need any health care support that staff would request this straight away. We saw that people's care plans contained relevant guidance for staff including that for people whose skin condition meant that they needed to move the person in a certain way. People were assured that their healthcare needs would be responded to.

Good

Is the service caring?

Our findings

At our comprehensive inspection of Midas Care on 4 and 5 August 2015 we found that not all people's care was not as respectful as it should have been. This put people at risk of harm. This was a breach of Regulation 10 (1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During our comprehensive inspection of 25 and 27 October and 2 and 3 November 2016, we found that the provider had followed the action plan they had written to meet shortfalls in relation to the requirements of Regulation 10 described above.

We received positive comments from commissioners of various services that were provided to people. One commissioner told us, "To conclude, I would like to praise the two carers attending [person's] call this morning. I was rather impressed with their attitude towards rehabilitation by encouraging [person] to push himself and therefore demonstrating an attempt to achieve his goals. By doing this, it demonstrated excellent client centred care of which [person] is greatly benefitting from." The provider had also received positive comments for relatives about their family members care including, "The [care staff] were simply astonishing. Not only was their care faultless but they gave my [family member] the most important thing of all, namely the courage to face up to the inevitable. They [staff] never let my [family member] lose their dignity." One person told us, "My regular care staff will always ask if there is anything else I need help with before she [goes] to her next client. She never makes me feel guilty for asking her to do extra jobs and she always wants to make sure that I am happy before she leaves."

People told us about how well they were looked after. One person said, "I get the same staff most of the time and they know me really well. This helps them [staff] provide my care in the way I want. I don't have to tell them much these days." Another person told us, "Some staff don't speak English perfectly but I know what they mean. We have a laugh too." A relative told us, "My [family member] totally relies on their [staff] support and [family member] can't do without them. They are all wonderful, kind, patient and do an amazing job." Another relative said, "The staff are all very good. If there is anything [family member] needs the staff get it for them." A third person added, "I always have a lovely chat with my regular [care] staff every day. One or two of the Eastern European [staff] have very strong accents, so it can be difficult for me to catch first time what it is they are saying."

Staff were aware of the ways that dignified and respectful care was provided. One care staff told us, "I introduce myself every time I go to people's houses if this is their preference. I make sure the doors and curtains are closed and let people do as much for themselves as possible." Another member of care staff said, "My job is to maintain or improve people's independence and for them to remain living in their home and listen to what people tell me." Some of the relatives we spoke with also contributed to the care their family member received from the service. One relative said, "I do the cooking, washing and cleaning but the girls [care staff] do the moving and handling. They do it as carefully and gently as they can. It is only some new staff who we have to prompt a bit more but they soon learn the ropes." One person told us, "When I have a shower, my [care] staff will run the water to make sure it is nice and warm before I get undressed so that I don't get cold in the meantime."

People told us that they valued the support and care that they received, that it maintained or developed their independence as well as giving them choices. This was for subjects such as the time they liked to be helped out of bed, the gender of their care staff wherever possible and the length of their care calls. A commissioner of the service told us, "We have received positive feedback from service users on a number of occasions about the care they have had from Midas Care."

People we spoke with confirmed that good relationships between them and staff had been developed. One person told us, "I couldn't do without my regular care staffs. They know me well and are always very willing to do whatever jobs it is I need help with. Nothing is too much trouble. My regular carers [staff] are like members of the family." One relative told us, "In the very early days there were some staff (language) issues but everything now is perfect." A consistent approach was, as far as practicable, applied to each person's care. One person said, "My carers [staff] are, on the whole, the same for most of the time. It is only if staff are on holiday that this changes." One relative said, "It's good that [family member] now has a routine. They don't like change and this was a concern when they started to use Midas Care." Another relative said, "Regular staff are now being established. It's nice having the same staff and we are getting on very well with them."

Good

Is the service responsive?

Our findings

People, and people's relatives, were involved in the assessment of their needs and developing their care plans. This was during the planning stage of setting up the care package. According to the provider and what we found, relatives and family members were encouraged to be involved as this helped to ensure that the care delivered was person centred. One person told us, "My care plan is in the folder where they [care staff] sign the records. I do remember it being put together when I first started having care. I actually had a review meeting this morning, when we went through it and made sure it was still relevant to my needs."

Any discussions or changes to care plans required people's consent or that of their advocate. One person said, "I had a lady [field care supervisor] come out to see me. They were very thorough and asked me what I used to do, my life story really as well as the things I like to do nowadays. I have a [care plan] and the girls [staff] read it when they are new or if I change anything." One relative said, "I am [family member's] advocate and have power of attorney for their health so I make sure I know what the care plan says and if it matches [family members] needs." A community health care professional praised how staff responded to people's needs when they were discharged from hospital. [Name of staff] is very competent in [their] ability to perform moving and handling tasks, aiming to encourage their staff to perform at the same level. [Name of staff] and her colleague have been out to this lady on three occasions to see how they can reduce the call whilst managing [person's] care needs safely. I can only compliment their efforts as witnessed during my visit."

Most of the people we spoke with told us that they were satisfied with how their individual needs were met. We did however receive a mixture of views of how satisfied people were with their care staff. For example, three people were very happy with their permanent care staff but less so with those staff who provided cover. Such as, "Whilst I have two main carers [staff] who are lovely, when they are off, I get lots of different [staff] who quite frankly, just seem to go through the motions. I've complained to the office, but they tell me there is very little they can do." People confirmed to us that their care needs were met but that they would prefer consistent care staff. Staff had received a number of compliments which showed that people and their relatives were satisfied with their care. One example stated, "[Name of staff] changed bed sheets and nightwear daily. [They were] available at all hours. [Name of staff] provided admirably what we could not; round the clock personal care."

We saw that a process was in place to regularly review and update people's care plans. A field care supervisor told us how they kept people's care records up-to-date. This was to help ensure that staff had access to information that protected people against the risk of inappropriate care. One person said, "I now need two staff and this has been added to my care plan along with all the equipment and how staff position me." One relative told us that their family member's needs had changed. This had been due to the additional staff member as well as an increase in the number and duration of carer calls.

A community care professional had fed back to the registered manager. "Thank you for your referral on the 19th of August [2016] to our team to review this gentleman's double up care. What a privilege to have met this couple this morning. I am in awe in how determined [Name of person] is and his phenomenal progress within his rehabilitation journey to regain optimum function." One senior care staff said, "When we start a care package it is all about getting the basics in place and determining what is important to the person."

People and relatives told us who they would speak with if they wanted to raise a concern or complaint. One person said, "I have a book with all the names and numbers I can call. My daughter can do this for me as well but we have never had to." One relative said, "Last year you could call the office and you rarely got a call back but now they always ring back and keep me informed. If I remained dissatisfied with anything I would speak to [name of registered manager]." Another relative said, "I do wish that [family member] could have the same staff all the time but I know that this is not possible. [Family member] does get staff she knows and likes." Records viewed showed that where people had raised a concern or made a complaint that this had followed the provider's process to the complaints satisfaction.

The provider told us in their PIR that they had received 164 complaints within the last 12 months. Of which 137 had been satisfactorily resolved, the remainder were still under investigation. Where trends had been identified such as those related to people temporarily under the provider's care or where a large number of staff had changed their employer, the registered manager had worked with the hospital discharge planning team to meet people's expectations and timings of care calls. The PIR read, "Midas Care has increased administrative resource to enable it to process and respond to information it receives. And, "A meeting was arranged with the locality team and contracts to look at each concern individually and the outcome was in the majority of the concerns raised were teething problems which could have easily been resolved with better communication and following the procedure for a concern within the teams." Other improvements had been made following an independent investigation into the provider's complaints procedures. This had resulted in additional training for managers. People could be confident that their concerns would be acted upon. People and their relatives told us that the standard of communication from office staff was much better than last year. The majority of people we spoke with told us that they had, "nothing to complain about". A relative told us, "It doesn't matter what the problem is, they [office based and care staff] are quick to provide a solution where this is in their remit."

Good

Is the service well-led?

Our findings

We received positive comments from people, social workers and records viewed about the leadership that the registered manager, office based managers and senior care staff provided. Compliments from the service commissioners' included how well management effectively addressed matters raised by them. One such commissioner told us, "Midas [Care] has always accommodated our requests to change, update or increase services within the timescales given. Midas [Care] staff are approachable and professional and always available for discussion. We have rapidly increased our capacity with Midas [Care] over the last few months; all increases have been handled well and delivered on time. All staff (at whatever level) are approachable and responsive. One relative had recently written to the provider by saying, "Just a small note to say a big thank you to [names of three staff] for the care and kindness throughout the past months shown to [family member]. Their help and thoughtfulness has been appreciated by us all." Another relative wrote, "On behalf of my family I would like to express my gratitude for the level of care provided."

The representative of the company implementing the electronic call monitoring system told us, "Name of registered manager] is one of the most approachable [registered] managers I have worked with; he has changed my views about care in the community." Most people and relatives commented how communication had improved and how much more they felt listened to. One person said, "I know it isn't easy getting all the staff they must need but as long as I get my care I am happy." One relative told us, "I rang [name of manager]. It is good to be able to put a face to a name. They [office based staff] come out to speak with us if that is easier." However, several people told us that they would benefit from more contact with the provider and its representatives. This was because most people we spoke with did not know who the registered manager was and were not always informed when their care staff had moved to other jobs. People did however know that they could contact the office based staff should they wish to do so.

Staff were provided with opportunities to make suggestions and contribute in improving the standard of people's care. One member of care staff gave an example of this. They said, "I have a supervision with [senior staff] every three months. I had one last week and I was able to voice my views and make suggestions such as changing my planned care call route." A care coordinator told us that during their supervision they requested a change in their work. This was so that they could contribute towards the development process as effectively as possible. One person told us, "I can call the office as I know [names of management] and that they will get back to me." Staff members also told us that the registered manager and other office based managers were available when required. A field care supervisor said, "We have team meetings based upon where staff work. It is good to catch up with developments at the office and talk about the ECM [electronic call monitoring] and care plan system. This will give live access to [people's records of] care as it happens." We found that this ECM system being piloted with five people allowed office staff to identify any changes or health care interventions more swiftly.

The registered manager was supported by a team of staff, which included senior management, an operations' manager, a care manager, field care supervisors, care coordinators, senior care staff and a training team. One member of care staff said, "If I ever need any additional training or specific training to meet a person's needs I ask for this and it is provided." One field care supervisor told us, "This is by far, and I am not just saying this because you [CQC] are calling, the best care company I have ever worked for." The registered, and care, manager kept themselves and the senior management team aware of current developments in care practices as well as sharing good practice at various registered managers forums such as people's fire safety at home. This meant that the service reacted proactively in response to information they received to improve the safety and quality of people's care.

People and their relatives were contacted regularly to comment on and share their views about the standard and quality of the care. This was through face to face meetings, welfare calls as well as receiving feedback from any staff. Unannounced 'spot checks' of staff's performance were carried out to assess the standard and quality of staff members' work, also enabled people and relatives to share their views about the quality of their care. One field care supervisor said, "If during my observations of staff's standards of care I see something that could be improved I feed this back to them. I also make sure the person is happy with everything and any changes that are planned." One member of care staff said, "[A senior member of staff] observes me administering medicines and checks everything from my hygiene to the records and how I make sure I don't miss anything in the person's care plan." One relative said, "I recently had a visit to [family member] and the [senior] care staff were gracious, polite but firm in dealing with my concerns. I am satisfied that [family member] only gets female staff and that most of the time these staff are the same ones."
To promote an open and honest culture staff also benefitted from a monthly office picnic where they could speak with management staff in private as well as being an occasion to share good practice. This was for subjects such as updates to medicines administration or new recording systems.

Links were identified, supported and maintained with the local community. One person told us that the care helped them go out in the community and reduce the risk of social isolation. They said, "I still like to keep my mobility. I go out to for a drink and lunch on a Sunday and still do my shopping." Another person told us how they were supported to do a jigsaw. Other people told us that they were quite happy at home and seeing staff or relatives. Members of care staff told us how they supported people to access the community. One member of staff told us that this included supporting people to access health care appointments with community taxis as well as going to a day centre to meet friends.

Staff were aware of the whistle blowing policy and when to use it. One care coordinator said, "Whistle blowing is something that I would not hesitate to do. I know that I would be fully supported as the [registered manager] is just so supportive." One member of care staff said, "Whistle blowing is something I would do. I haven't had to but if it was my or the other staff's mum being cared for, any poor care would be unacceptable."

The provider's PIR showed that there was a system in place to continually review the quality and safety of people's care. The PIR stated, "Staff questionnaires this year were escalated to one on one interviews by an external company to gauge staff morale, we are currently working through the findings and speaking to staff about their views on working for Midas Care." We saw that several improvements and rewards had been introduced as result of the staff survey such as financial gifts and also a Christmas cinema evening for staff and their children in recognition of their work throughout the year. Other improvements had been made to staff training for English language skills, changing care calls to avoid clashes with community nurse calls as well as more administrative staff to help improve the communications people had provided.