

Midian Solutions Limited

Midian 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

About the service

Midian Care is a community-based care provider that provides personal care to people living in their own homes. At the time of inspection two people were in receipt of the regulated activity of personal care.

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

Staff had received training in safeguarding and knew the actions to take to keep people safe. There were recruitment processes in place and recruitment checks were carried out before staff were appointed. This ensured suitable staff were appointed to support people. People's medicines were managed safely. Staff followed infection control guidance and had access to personal protective equipment.

Staff received induction training and people were supported by staff who had the skills and knowledge to support them safely.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were supported by kind and caring staff who knew them well. People's individual needs were respected and staff supported people with dignity and respect.

People's care and support was planned in partnership with them and risk assessments were regularly updated.

The provider carried out regular audits of the service to oversee the quality of the care provided. The provider carried out competency checks to assess whether staff were working in line with best practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 12 June 2020 and this is the first inspection.

Why we inspected

This was a planned inspection for this newly registered service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

This was an 'inspection using remote technology'. This means we did not visit the office location and instead

used technology such as electronic file sharing to gather information, and video and phone calls to engage with people using the service as part of this performance review and assessment.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Midian Care

Detailed findings

Background to this inspection

The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

Inspection team

This inspection was carried out by one inspector.

Service and service type

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

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.

What we did before 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 all this information to plan our inspection.

During the inspection-

We spoke with one person using the service and one relative. We spoke with two members of staff including the registered manager and support worker. We reviewed a range of records. This included two people's care records and medication records. We looked at one staff file in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

This performance review and assessment was carried out without a visit to the location's office. We used technology such as video calls to enable us to engage with people using the service and staff, and electronic file sharing to enable us to review documentation. Inspection activity was completed on 24, 25 and 28 February 2022.

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 of 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 and relatives told us people who used the service were safe. A relative said, "[Name of person] is safe. I have been a lot less stressed since [name of care staff] has been working with [name of person]."
- Staff knew how to recognise potential abuse and protect people from it. Staff had received training in how to keep people safe and described the actions they would take where people were at risk of harm.

Assessing risk, safety monitoring and management

- Risk assessment documentation was in place which showed the actions taken to manage and reduce risks to people.
- Risk assessments were updated regularly and reflected people's current support needs.

Staffing and recruitment

- There were recruitment processes in place and recruitment checks were carried out before staff were appointed. This ensured suitable staff were appointed to support people.
- People were supported by a regular team of support workers who knew their needs well. This enabled people to feel safe and secure and build trusting relationships.

Using medicines safely

- Peoples' medicines were managed safely. Medicines administration records we observed showed people received their medicines as prescribed.
- Staff received training and regular competency checks to ensure they were administering medicines safely.
- Supporting information to aid staff in administering medicines that had been prescribed on a "when required" basis (PRN) was in place.

Preventing and controlling infection

- The provider had infection control policies and procedures in place. One person told us, "They [staff] wear a uniform, masks, aprons and gloves."
- Staff had received training in how to prevent and control infection. A staff member told us, "We wear masks, gloves, aprons and we have hand sanitiser."
- Staff carried out regular COVID-19 tests to help prevent the spread of infection.

Learning lessons when things go wrong

- The provider had a system in place to analyse any accidents or incidents and explained how they would

look to see what had gone wrong and how they could improve.

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 good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The provider carried out an initial assessment so they could be sure they could support people safely and how they wanted.
- People's current needs were regularly assessed to ensure they continued to receive the correct level of support.

Staff support: induction, training, skills and experience

- People were supported by staff who had the skills and knowledge to do so effectively. One person told us, "They [staff] are well trained."
- Staff received induction training to give them the skills and knowledge to support people safely.
- Staff had completed the Care Certificate. The Care Certificate is the nationally recognised benchmark set as the induction standard for staff working in care settings.
- Staff received on-going training to meet people's specialised needs.

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

- People were supported to eat a healthy balanced diet and where people had specific dietary requirements, staff were aware of their needs.

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

- The provider worked with other agencies and health professionals in order to meet people's specific needs.

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.

- Staff had received training in the MCA and understood the importance of involving people in decisions about their care.
- Staff told us how they always asked for consent before supporting someone. They told us, "I always ask for consent."

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

- People were supported by kind and caring staff. One person said, "I get on very well with [name of care staff], we have a laugh, they [name of care staff] are very efficient, we have a chat, we get to know each other."
- Staff told us how caring the provider was. They told us, "It has been amazing working with [name of provider], the clients are happy and I am happy working there too."
- People's equality and diversity were respected and their likes and dislikes were clearly recorded in their care plans.

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

- The registered manager kept in regular contact with all people using the service to obtain their feedback on the care provided.
- People were involved in care planning and their views and wishes respected.
- Quality reviews were carried out to ensure people were happy with the care they were receiving.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. A staff member told us, "While giving personal care, I close the curtains and doors, make sure no-one is in the room."
- The provider encouraged people's independence. Care plans detailed what people could do for themselves and what they would need help with. A staff member said, "I encourage them [people using the service] to do things for themselves."

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

- Care plans and risk assessments were in place to show the support people needed and these were reviewed regularly. Care plans were person centred and detailed people's cultural needs. They contained detailed information about people's individual support needs and what outcomes they would like to achieve.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The registered manager was aware of the Accessible Information Standard and was able to print documents in a format that was easily understood by people. The registered manager told us, "When we do assessments, we ask them if they would like their documentation in any other format and then we will adapt to their needs."

Improving care quality in response to complaints or concerns

- The provider had not received any complaints since the service was registered, however, they did have a complaints policy in place. One person said, "I was shown how to make a complaint."

End of life care and support

- There was no-one receiving end of life care during the inspection.

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 good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People and relatives spoke positively about the provider. One person said, "I am totally satisfied, they are very thorough." A relative told us, "I have had numerous care companies, and [Name of registered manager] does the job to a higher standard."
- Staff also gave positive feedback about the provider. They told us, "[Name of registered manager] is very caring. They show me lots of stuff. I could talk to them if I was worried about anything."
- A relative explained how [name of person's] health had improved due to the care received by the provider. [Name of person] was having less hospital visits since receiving care. They told us, "[Name of registered manager] is very attentive and thorough with cleaning and cleanliness with my mum. The outcome of this is mum being at home is greater. Prior to that she was in hospital a lot."

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 the duty of candour. They told us, "Be transparent, if an accident happens, phone the family, send letter of apology and phone CQC. Train staff to do the same. We all make mistakes, we are human, take action straight away if we make a mistake."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider told us in information we received prior to the inspection, they had audit systems in place to review progress and inform the development of the service. This was corroborated during the inspection where we saw regular audits were carried out in order to oversee the quality of the service.
- Competency checks were carried out regularly on staff in order to ensure they were providing good quality care for people.
- Staff received regular supervisions. Staff confirmed this and we saw evidence of this in records we checked.

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

- The provider sought feedback from people using the service and their next of kin in the form of surveys and by completing care reviews. The feedback received was positive. One person's review stated, "I am happy with the carers and the support I get from [name of the provider]."

- A relative told us how the provider kept them regularly updated. They said, "[Name of registered manager] keeps me well informed."

Continuous learning and improving care

- Management and care staff received continuous training to ensure their learning, skills and knowledge were current to be able to support people.

Working in partnership with others

- The service worked in partnership with social workers, health professionals and relatives to ensure the service people received was person centred.