

Midland Care Support & Enablement Ltd

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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

Midland Care Support & Enablement Limited is a domiciliary care service that provides personal care to people in their own homes. Not everyone using the service receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of our inspection, 76 people were using the service.

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

People benefitted from receiving care and support from staff who approached their work with kindness and compassion, and treated people with dignity and respect.

People had comprehensive assessments, care plans and risk assessments which included information about their care and support needs and preferences. Staff were provided with ongoing training to meet people's diverse needs and understood people's individual needs.

People were supported by staff who had the knowledge to protect them from potential abuse as they knew how to recognise different forms of abuse and how to report this.

Prospective staff underwent pre-employment checks to ensure they were suitable to provide care and support to people who used the service. People were supported by a small team of staff who knew them well and had undertaken an induction to help them understand and feel confident in their caring roles.

People's needs, and wishes were assessed alongside their representatives before their care and support started and; then kept under regular review. 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.

Staff and the management team worked with a range of community health and social care professionals to achieve positive outcomes for people. The provider had processes to support people where required with their medicines. People would only require support to take their medicines if this was part of their care service.

People had encouragement and support to carry on with the things they enjoyed doing in line with their support plans. Where required staff also supported and encouraged people to have enough to eat and drink.

People were supported by their relatives who knew how to raise any concerns or complaints with the provider. The registered manager used concerns and or complaints to make improvements to people's care experiences.

The provider had processes to monitor and improve the quality of the service, there was a culture of openness and of reflection and learning.

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

Why we inspected

This was a planned inspection based on the previous rating.

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?

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.

Midland Care Support & Enablement 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

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. CQC regulates the personal care provided.

The service had a manager registered with the Care Quality Commission (CQC) who was also the provider. 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 because we needed to be sure staff would be available and we would have access to records.

Inspection activity started on 15 August 2019 and ended on 22 August 2019. We visited the office location on 15 August 2019.

What we did before the inspection

We used information the provider sent to us in the Provider Information return (PIR). This is information we

require providers to send to us at least once annually to give us some key information about the service, what the service does well and improvements they plan to make. We looked at information we held about the service, including notifications they had made to us about important events. We also looked at other information sent to us from other stakeholders, for example, the local authority and members of the public.

During the inspection

We spoke with four care staff members including two senior care staff, operations manager and office manager. We sampled care documentation for three people using the service including medicine records and daily notes. We also looked at three staff files, staff training and monitoring of staffs caring practices along with other documents related to the management of the service. These included records associated with quality checks audits and staff duty rotas.

After the inspection

Following our inspection visit we spoke with six people who used the service and 11 relatives about their experience of the care provided. We also spoke with the registered manager and continued to seek clarification from the provider to validate evidence found. We looked at a range of information including staff training planner, business improvement plans, a range of audits and staff newsletters.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People who used the service and their relatives felt staff provided safe care and support in their homes. One person said, "I totally feel safe with them [staff]. They are kind to me and I trust them which is important to me." A relative told us how they were able to carry on with their daily lives due to knowing their family member would be provided with the care they needed, and they were safe.
- Staff had received training in protecting people from abuse and showed an understanding about the types of potential abuse and how to report this.
- The registered manager was aware of the local authority's safeguarding processes. At the time of our inspection some concerns were raised. The registered manager showed they knew their responsibility to communicate and share information with relevant professionals and other agencies. This was to aid investigations which were ongoing and help protect people from harm.

Assessing risk, safety monitoring and management

- People who used the service and their relatives described how staff supported them and reduced the risks to their safety and welfare. A relative explained how two staff members came to provide care to their family member and knew how to use the specialist equipment safely. The relative told us this gave them, "Peace of mind" their family member was safe as staff knew how to meet their needs.
- People's risk assessments were comprehensive and detailed. They contained the relevant information to manage risks and guide staff in providing safe care. For example, where people required specific equipment there were detailed instructions on how to use this safely.
- Staff told us they were kept fully up to date with any changes in people's needs and the risks associated with their care. This was achieved through use of a secure group messaging application, staff communication books in people's homes, and regular telephone or email updates from the management team.

Staffing and recruitment

- People who used the service and their relatives told us they received a consistent and reliable service from the provider. One person told us, "[Staff] are very reliable, that means a lot to me. They [staff] never miss a call." We also consistently heard how people received support from a consistent group of staff which they valued.
- Staff confirmed they were given adequate travel time between people's care calls. Staff told us people's care was organised around the needs of people they supported. One staff member told us, "I never feel rushed."
- The provider had a system in place to track staff movement and ensure they arrived punctually for people's care calls and stayed with them for the agreed amount of time.

- The required recruitment checks had been completed for all potential new staff. This was to ensure they were suitable to work with people who used the service before they commenced their care and support roles.

Using medicines safely

- The provider had systems and procedures in place designed to ensure people had the level of support they needed to manage and take their medicines safely.
- Staff received training in the provider's medicines procedures, and their competence in handling and administering medicines was checked during regular unannounced spot checks on staff practices.

Preventing and controlling infection

- The provider had taken steps to protect people who used the service, their relatives and staff from the risk of infections.
- Staff were provided with and used personal protective equipment (PPE) appropriately. On this subject one staff member told us, "There is always a good supply of gloves and aprons."
- 'Spot checks' were completed on staff's practices and monitored staff use of PPE.

Learning lessons when things go wrong

- Staff consistently described how the management team were supportive and encouraged them to be open regarding any mistakes made. This promoted good communication and a learning culture.
- Incidents and accidents were monitored so any themes and trends could be identified, and action taken to prevent any reoccurrence.

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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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

- People's views and wishes about their care was central to planning and providing services.
- People's care was kept under review to ensure it continued to meet their changing needs.
- Staff worked with information from external health professionals to promote people's welfare and provide effective care and support.
- The management team assured themselves staff were providing care in line with the provider's procedures and expected standards. This included carrying out 'spot checks' of staff practices.
- The provider employed a nurse consultant who supported staff learning and development so people's diverse needs were effectively promoted and met.

Staff support: induction, training, skills and experience

- People who used the service and their relatives were confident in staff skills and knowledge to support people. One person told us, "I'm really happy with my regular carers [staff]. They [staff] know how to help me with what I need." A relative said, "I can see they [staff] are trained as they know what they are doing. Really happy with the care."
- New staff completed an induction which included training and shadowing another staff member until competent and confident to provide care. Staff were positive about their induction experience.
- Staff received ongoing training including refresher courses to give them the knowledge and skills they needed to work safely and effectively. Staff felt their training needs were fully met. One staff member told us, "It [training] is very good, it helps us to keep updated."
- Staff had regular individual meetings ['supervisions'] where they could discuss issues in relation to their caring roles and personal development.

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

- People were supported to access food and drinks in line with their needs and choices. One person told us, "They're [staff] are always asking me if there is anything I would like."
- Care plans recorded people's meal preferences, allergies and the support people required with dietary needs. One staff member described how they provided a person with choices of meals and drinks using their preferred communication style, so the person remained involved in their own care.

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 in partnership with other organisations to ensure they delivered joined-up care and support for people.

- People had regular access to healthcare services when they needed it.
- The staff worked with other healthcare professionals to make sure people's health needs were met and they had the equipment they required to promote their safety and independence.

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.

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

- People told us staff asked their permission before carrying out their personal care. One person said, "They [staff] never do anything without asking me what I think first."
- The staff we spoke with understood people's rights under the MCA, including the need to support and respect people's day-to-day decision-making.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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 told us they were treated with kindness and were positive about staff's caring attitude. One person told us, "[Staff member] is really good at helping me. We have a chat and a laugh." Another person said, "Carers [staff] are very kind to me for which I'm very appreciative of."
- Staff spent time getting to know people's preferences and used this knowledge to provide care and support in their preferred way. One relative told us, "[Family member] is very settled with them [staff], [family member] loves them all. When [family member] first started the service they [management] came out to do an assessment, [family member] and I felt listened to so gets care the way [family member] wants it."
- The provider had systems to monitor staff practices to ensure they were kind and caring.
- Staff received training in equality and diversity. People's cultural and spiritual needs were respected.
- The registered manager showed they had a caring approach to consistent staff teams providing people's care and commented on their ethos around this in the provider information request [PIR]. This read, "We try to offer consistency by providing regular carers so that warm and positive relationships can be developed." People who used the service and relatives consistently told us they valued the relationships they had built with regular staff who provided care.

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

- People were actively involved in every aspect of their care. In feedback, one person had written, "I'm really happy with the care I receive from my regular carer [staff]. I enjoy the time and effort put in to help me in any way I need most of all I'm happy that my calls are more at a reasonable time and carer [staff] is very prompt."
- People's individual communication needs had been assessed and recorded to enable staff to promote effective communication with each person.
- There were regular reviews of care plans which involved and focussed on what people wanted in relation to their care and support.

Respecting and promoting people's privacy, dignity and independence

- Staff developed trusting relationships with people and their relatives. Staff treated people with respect and maintained their privacy and dignity. When we asked people if staff treated them respectfully one person told us, "They [staff] are always polite and treat me well."
- People's rights to privacy and confidentiality were respected.
- People provided examples of how they were supported to maintain their independence. One person told us, "I like to remain as independent as I can be and they [staff] know this as they [staff] only help me when I

need it."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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 spoke positively about how the care and support provided met their individual needs and requirements. One person told us, "Staff couldn't be more helpful. They [staff] are always on time so here when I need them [staff]." Another person said, "They [staff] help wash me every morning and help me get out of the house once a week they [staff] are very good." One relative commented, "[I can] honestly say they [staff] are marvellous. The care and way they [staff] look after [family member] is out of this world."
- Care records were in place which identified people's support needs and preferences for their care. Care plans contained relevant information and were up to date. On the subject of care plans staff members described how they read people's care plans, spoke with people and were introduced to people as part of getting to know people.
- Staff were knowledgeable about people who used the service and displayed a good understanding of their preferences and interests, as well as their health and support needs. This enabled them to provide personalised care. For example, staff had received training in people's specialised health needs which supported a person to remain living in their own home.
- People who used the service and their representatives were involved in reviews of their care. One relative described how they were updated regularly and were assured staff were responding to their family members.

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.

- The management team were aware of the requirement to provide people information in different formats to help aid people's understanding.

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

- Staff we spoke with were aware of the risks to people of social isolation and how they were able to make a difference to people's days. For example, a staff member told us how they accompanied a person on outings as part of responding to their care needs.

Improving care quality in response to complaints or concerns

- People we spoke with knew how to make a complaint should they need to, and were confident the issue

would be addressed.

- The provider had a complaints policy and procedure and they acted on complaints in an open and transparent way. They used any complaints received as an opportunity to improve the service.

End of life care and support

- Staff were aware of good practice and guidance in end of life care, and respected people's religious beliefs and preferences.
- When required, people would be supported to make decisions about their preferences for end of life care. Professionals would be involved as appropriate to ensure people were comfortable and pain free.

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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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

- On the day of our inspection the registered manager was away from work therefore the operations manager together with the office manager supported this inspection. They explained how the management and staff team worked together to promote personalised care and support.
- People who used the service and relatives were positive about the care they received. One person told us they were, "Very happy with their care" and "They [registered manager] is a nice gentleman who has been here to ask me if everything is okay." One relative gave their feedback, "I have to say the care provided to [family member] from all of the carers [staff] has been exceptional. The carers [staff] go above and beyond and they [staff] are genuinely caring. We as a family could not ask for more professional and caring people. We wouldn't want any other agency [service] to care for [family member]."
- Staff spoke about people's care and their work for the provider with clear enthusiasm, referring to the strong sense of teamwork. We consistently heard from staff how there had been a positive change in the culture due to changes in the staff team including office staff. Staff felt well-supported and valued by an approachable management team who listened to their views. One staff member told, "Communication is so good here now. I can contact [registered manager] if I need to. [Registered manager] is always available. I never feel I have not got the support of the team." Another staff member said, "I love my job. Better culture in office staff. It is [the service] well managed."

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 and acted on their duty of candour. Processes were in place to investigate incidents, apologise and inform people why things happened.
- At the time of our inspection we had received some concerns which had been shared with the local authority. The registered manager showed they understood their responsibilities under the duty of candour and were open and honest in their approach to working with the local authority during investigations which were ongoing at the time of our inspection.

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

- The management team including the quality assurance manager completed a range of quality audits to ensure they provided an efficient service. These for example included, medicines, care records and spot checks. When concerns were identified, staff were consulted with and action taken. This helped

improvements to be made and continue to evolve and provide a good service for people.

- The management team carried out regular quality checks of areas such as, checking people had received support with their medicines by auditing the records staff completed when assisting people. Where issues were identified in any areas of staff practices, actions had been taken to make improvements.
- Staff we spoke with told us the management team supported them, so they could develop and improve their care practices by methods such as, undertaking checks at people's homes of staff practices.
- The provider and management team understood their responsibilities to notify us of any changes to the services provided or incidents which affected people who were provided with care in their own homes.

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

- People who used the service and relatives told us they felt involved in the services provided.
- The quality of the service was monitored by regularly speaking with people to ensure they were happy with the service they received. We saw positive feedback had been received from people and the registered manager had responded by driving through continual improvements.
- The management and staff team were committed to providing care centred around each person which respected people's diversity, personal and cultural needs.
- Staff were provided with the opportunity to share their ideas and make suggestions through going into the office and during meetings and telephone calls. Regular newsletters were also provided. These covered updates including service development and information about different subject areas to aid staff learning whilst promoting people's rights and care needs. For example, in one newsletter there was a feature about the subject of Deprivation of Liberty Safeguards [DoLS].
- The operations manager showed us the management team were responsive learning and driving through further improvements where required following visits from local authority commissioners.

Working in partnership with others

- The management team had developed and maintained good links with healthcare professionals and the local community which people benefitted from. For example, a healthcare professional was complimentary about how a person's health had significantly improved due to the care provided.
- The staff worked in partnership with people and relatives. One person said, "They always seem to be looking at how things are going for me. I feel very involved."