

Midas Care Limited

Midas Care

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This announced inspection took place between the 25 October and 5 November 2018.

Midas Care is a domiciliary care service which runs from an office based on the outskirts of Waterbeach. The service provided personal care to people. Not everyone using Midas Care received a regulated activity; Care Quality Commission (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 our last inspection of Midas Care, between 24 and 29 January 2018 we rated the service Requires Improvement. Improvements were needed to support people safely with their prescribed medicines. Incidents where people had not been safeguarded were not acted on and investigations had not always been undertaken. The provider's policy for complaints was not followed and the providers governance systems were not effective enough in identifying and driving the necessary improvements.

We asked the provider to complete an action plan to show what they would do, and by when, to improve the key question is the service safe, is the service effective, is the service caring, is the service responsive and is the service well-led to at least good. They sent us an action plan and told us they would make these improvements by 31 March 2018.

We carried out this inspection to see if the registered provider had acted in line with their action plan. We found the service had made the necessary improvements under the questions is the service effective, caring, and responsive which are now rated as 'Good'. However, further improvement was still needed for the questions, is the service safe? and is the service well-led? The service, therefore remains rated as 'Requires Improvement'. At the time of our inspection there were 201 people using the service.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

The registered manager was new in post at the time of our last inspection. Since that inspection, and with the support of the new director of operations, they had made some significant changes to the way the service was run. The provider's governance system and processes had improved. However, further work was needed to ensure better monitoring of improvement plans, with robust timescales and ensure actions are embedded in practice, and reviewed. This will help to drive continual improvement and give good outcomes for people.

Further work was required to ensure risks to people's health, safety and welfare are identified and managed safely, with sufficiently detailed care planning arrangements to guide staff on how to minimise risk and meet

people's needs effectively.

Staff were recruited safely and improvements had been made to ensure there were enough suitably trained and supported staff to meet people's needs. Medicines were administered and managed safely. Systems were in place to support good hygiene and infection prevention standards.

People's decisions about their care were respected. Staff effectively supported people with their food and drink with input from healthcare professionals.

Staff were kind and caring, and sensitive to their needs. They promoted people's independence, dignity and they respected people's privacy. People were involved in their care.

Management worked with other professionals to ensure people's needs were met. Management responded promptly to complaints and comments and they were resolved to the person's satisfaction. Areas for learning from incidents, accidents and complaints were actioned and completed.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not consistently safe.

Not all risk to people were assessed correctly and risk assessments were not always in place.

Sufficient staff were recruited safely and they were effectively deployed.

People's medicines were administered and managed safely.

Lessons were learnt when things went wrong.

Is the service effective?

Good 

The service had improved to Good.

People's assessed needs were met by staff who had the necessary skills.

People were supported to eat and drink enough.

Staff supported people to access health care services.

Staff adhered to the principles of the Mental Capacity Act 2005.

Is the service caring?

Good 

The service had improved to Good.

People received a service that was caring, kind and compassionate.

People were involved in deciding how their care was provided.

Staff promoted people's independence and dignity in a respectful way.

Is the service responsive?

Good 

The service had improved to Good.

People's care was person centred and tailored to people's needs.

The provider followed their complaints' process.

Systems were in place to support people with their end of life care.

Is the service well-led?

The service remained Requires Improvement.

Governance system needed further work to ensure actions were carried out within robust timescales. Better monitoring of improvement plans was needed to ensure actions were embedded in practice, and reviewed to drive continual improvement.

Notifications were sent to the Commission without delay.

The registered manager supported the staff team to have the necessary skills in an open and honest way.

People had a say and contributed to how the service was run.

Requires Improvement 

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 checked whether the provider was 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 announced inspection took place between 25 October 2018 and 5 November 2018. This inspection was carried out by an inspection manager, two inspectors and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their area of expertise was caring for older people and people living with dementia.

We gave the service five days' notice of the inspection because some of the people using it could not consent to a home visit from an inspector, which meant that we had to arrange for a 'best interests' decision about this. We also gained people's and relatives' consent for us to call them by telephone.

Before the inspection the provider completed a Provider Information Return (PIR). This is information we require providers to send us at least annually. This provides us with information about the service, what the service does well and improvements they plan to make. We used this information to help us with the planning of this inspection. We also looked at other information we held about the service. This included information from responses to our survey questionnaire, as well as notifications the provider sent to us. A notification is information about important events which the provider is required to send to us by law such as incidents or allegations of harm.

Prior to our inspection we contacted the local safeguarding authority and commissioners of the service to ask them about their views of the service. These organisations' views helped us to plan our inspection.

On the 25 and 30 October we spoke with a total of nine people who used the service. Between the 25 and 30 October 2018 we spoke with ten relatives of people who were not able to speak with us. On 31 October 2018 we visited the provider's office and we spoke with the registered manager, the clinical lead, the field care manager, the live-in care manager, two field care supervisors and three care staff. On 1 November 2018 we spoke with a further three care staff. On 2 and 5 November 2018 we shadowed care staff during their care

visits and spoke with a further eight people and six care staff. On 6 November 2018 we also spoke with a visiting community nurse.

We looked at care records for 14 people using the service and their medicines' administration records. We also looked at three staff files, staff training and supervision planning records and other records relating to the management of the service. These included records associated with audit and quality assurance, accidents and incidents, compliments and complaints.

Is the service safe?

Our findings

The provider had systems and policies in place to support staff in keeping people safe from harm. However, these had not always been adhered to. People did not always have risks to their health and welfare assessed, recorded, reviewed or effectively monitored. Where risks to people's safety had been identified, their care records lacked detail to guide staff on how to provide the right care and support, to reduce risk and meet their needs effectively. For example, 'Check bed rails' does not inform staff on what it is they are to check for to ensure they are safe, and, 'Use stand aid for transfers' does not inform staff on how to use the equipment and move and transfer the person safely. Where non-regular care staff supported people they did not have a risk assessment to tell them what the risk were. This lack of detail put people and staff at risk of harm. It also meant that when it came to reviewing risks to people, the lack of a suitable and sufficient risk assessment increased the potential that risks would not be reviewed effectively.

At our last inspection between 24 and 29 January 2018 improvements were needed to ensure people were safeguarded from harm and ensure people's medicines were administered and managed safely. During this inspection we found that the provider had made the required improvements.

Staff had a good understanding of what safeguarding meant and told us what they would do if they had concerns about anyone. People told us they felt safe, staff looked after them well and treated them with respect. One person said, "I feel very safe with staff, no problems with them at all." A relative told us that they trusted staff with their family member's safety. Since our last inspection, management had dealt with safeguarding concerns effectively and they had worked jointly with external agencies to reduce the risk of incidents reoccurring.

Staff managed people's medicines well so that they received them safely and as prescribed. Relatives told us they were satisfied with how staff supported their family members to take their medicines. One relative told us staff were good in prompting their family member when needed with their medicines. Staff received training and updates to administer people's medicines, and management assessed their competency to do so. Where people had medicines prescribed 'to be taken as needed', such as pain relief, staff had clear instructions for administering them safely and not exceeding recommended doses. Staff recorded administration of prescribed skin creams in people's daily care records because they did not have a medication administration record (MAR) in place. This was not in line with the provider's policies for the administration of medicines or good practise for the recording of medicines administration.

The provider had robust recruitment practices in place. Pre-employment checks were carried out to help ensure staff were of good character and suitable for the role. These included recent photographic identity, character and recent employment references and criminal record checks. One staff member told us, "I did not start work until I had sent in my passport and proof of my address. I had to explain why I wanted to work in care as well as providing proof of my previous employment. I also had a DBS check which came back clear." Only staff considered suitable to work in this type of service were employed.

Since our inspection in January 2018 the provider had reduced the amount of people it supported as well as

the total of care hours it provided. The provider had taken this successful action to help sustain a safe service with enough staff with the right skills to meet people's needs.

The consistency of timely care visits had improved since June 2018. One person said, "I have regular staff all the time and they are only ever a few minutes from when I expect them. Another person told us how pleased they were by staff arriving on time. People and relatives told us that staff were only late for valid reasons such as an emergency at a previous care visit. One relative said, "My [family member] is safe with them, if staff are running late they ring me." We saw that staff arrived on time, stayed until they had completed people's care properly and they left people's homes secure. Where care visits had been unduly late, plans were in place to prevent further occurrences.

Staff consistently reported that they now had enough time to complete each person's care as well as travelling time. Staffing levels were based on people's individual needs and fluctuated according to the support people needed each day. Staff told us that any increase in people's needs were reported and acted on. For instance, increasing the number or duration of care visits or the time of day this occurred. The staff rota reflected this.

The provider had systems and training in place to support the prevention and control of any infections. Staff adhered to the provider's policies by washing their hands properly and wearing protective clothing when giving personal care to prevent any cross contamination. Staff safely disposed of any waste products as well as keeping people's kitchen areas clean. This helped prevent potential infections and reduced the risk of them spreading.

Lessons were learned and improvements were made when things went wrong. At our meeting with the provider and registered manager on 30 May 2018, they had recognised that the service was not sustainable without change. The provider had since made significant changes to the way the service was being run and had worked with the local authority and commissioners of the service to make improvements.

Is the service effective?

Our findings

At our last inspection between 24 and 29 January 2018 we found improvements were needed to ensure people's care needs were met by staff who had the right skills to meet people's needs. During this inspection we found that the provider had made improvements in the training staff received. The provider had introduced a new process to check staff's literacy and spoken language skills were good enough to provide a safe, effective and caring service. Additional training was sourced according to people's needs.

People's assessed needs were met by staff who were trained and had the skills to support people to remain independent in their own homes. Improvements had been made and there were systems in place to ensure staff were provided with regular training. Staff were also supported to achieve additional skills relevant to their role. A person told us that the skills of the care staff have improved since January 2018.

Staff had training in a range of topics including safeguarding, the Mental Capacity Act 2005 (MCA), dementia care and moving and handling. A staff member said, "The training both in-house and with the local authority is good."

Staff received regular individual supervision so that they could discuss their performance and development needs with their line manager. One staff member told us, "I have regular opportunities to discuss my role and the support I need changing shifts or any updates for my training." Senior staff and the registered manager effectively supervised care staff.

Staff undertook a planned induction and the provider expected all new staff to work towards a nationally recognised qualification. A relative told us that they thought staff were, excellent in general, but the problem they had was when staff who were new to the person arrived, they were not familiar with them. Staff didn't know how to cope with their family member when they weren't co-operating. This meant that staff had to ask relatives to help them provide appropriate care.

People were supported to eat and drink. One person told us, "I am having fish and [staff] cook this for me and clear up afterwards." Staff enabled people to have access to food and drink throughout the day by preparing food and drinks and leaving it within easy reach. Staff also supported people with their shopping.

Staff worked closely with other professionals from organisations to make sure people received care and support that met their needs. Staff worked jointly with the occupational therapist and supported people to use equipment to help promote their independence. Staff referred people to relevant and varied healthcare professionals when their health care needs changed. A relative told us, "Staff identified my [family member] was dehydrated due to not drinking enough. They got them to hospital quickly which was definitely the right thing." Another relative was complimentary of staff's knowledge of diabetes and the importance of knowing what to do if the person become unwell.

Staff worked with people to encourage them to be healthy. If the person wanted them to, staff supported them to make and to attend health appointments. A healthcare professional was very appreciative of how

well staff informed them about a person's deterioration in health needs and said how good it was to have that amount of detail to inform the GP.

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 so that they can 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. Staff had received training and had a good understanding of how to take account of people's mental capacity and if this varied through the day. They gave people choices in as many aspects of their lives as possible and asked consent before providing care and support to the person. One person told us, "[Staff] ask me what I want to eat or drink and if I don't know they give me suggestions."

Is the service caring?

Our findings

At our last inspection between 24 and 29 January 2018 we found all staff did not deliver care to people in a compassionate, dignified and respectful manner, improvements were needed.

During this inspection we found the provider had made improvements. Compliments from people gave a common positive theme about how caring staff were. One person said, "They all seem very kind and caring." Another person told us, "My regular staff are brilliant, reliable and caring." A relative told us staff were "excellent" and had a good relationship and understanding of their family member. Another relative said staff were, "Very kind and patient." We saw a compliment card from a relative which said, "The care team are fantastic, they know how to position [family member] and they are all professional."

Relatives told us that regular staff were familiar with their family members communication needs and were aware of the various methods used to effectively communicate with them. There were occasions however, when regular care staff were away, that replacement staff's ability to communicate could cause people frustration.

Staff supported people to access advocacy services if they had no other person to speak up on their behalf. Relatives told us that they advocated for their family member as needed. People were enabled to live at home by staff who promoted people's independence and supported them well. A relative said, that staff were very respectful. They said their family member could be challenging but staff coped with this very well. Another relative told us that staff understood their family member very well and had a good relationship with them and how this mattered to them.

Staff promoted people's privacy and dignity in an unhurried manner. The majority of people received care from the staff they preferred. Staff told us how they delivered personal care in a dignified manner and promoted people's privacy and choice. We saw how considerate staff were of people's needs as well as being able to have a laugh and conversation with them. One person told us that staff took time to ensure all care was provided in an unhurried way. One staff member said, "I always get the towels and toiletries ready. I explain what I am doing and let people do as much for themselves too."

A relative said that the quality of information passed between staff had improved and this helped to ensure consistent level of care and support provided.

Is the service responsive?

Our findings

At our last inspection between 24 and 29 January 2018 we found improvements were needed to ensure the provider followed their complaints procedure. This was also to ensure people's complaints were responded to and resolved to the complainant's satisfaction.

At this inspection we found improvements had been made to tighten up the complaints process and ensure complaints or concerns were effectively handled with openness and transparency. Where a complaint fell outside of the provider's response time, there were valid reasons which the manager updated the complainant about. One person told us that management had taken a recent concern seriously with regards to them not bonding so well with their allocated care staff. Management resolved their concerns satisfactorily with a change in care staff.

Regular staff knew people's care needs and how they were to be met. One person stated in a compliment comment, 'My care worker is great, always washes my hair and makes me feel great.' We found inconsistency in the level of detail in people's care plans. Some were personalised and included enough detail to guide staff on how to provide appropriate care specific to a person's strengths and levels of independence. Others lacked detail which meant new or replacement staff had limited information about the person and how they should meet their needs in a safe and consistent way. This included the type and level of support a person needed to move and transfer. The registered manager was aware of the inconsistencies and this was being addressed within their improvement plan.

People and relatives told us they were aware of their care plans and had been given the opportunity to contribute to them. One relative told us, "Family member] has a care plan. We were involved in the meeting and it is reviewed every three months or so."

We saw staff supporting people to maintain independence and meet the communication needs of people with a sensory loss. This was by staff ensuring people had their glasses and a working hearing aid in place. Emergency call fobs were left in easy access so people could summon an emergency service if they needed urgent help.

The service used a technology system to support communication between the care staff and office based care co-ordinators. This system helped to ensure people received timely care and support, and that this was provided for the full duration of the allocated call time. The system also enabled changes in people's needs to be communicated between care staff and care co-ordinators. Where staff were unexpectedly delayed for the next care visit, this was promptly dealt with by care co-ordinators informing the person of the delay and/or offering alternative arrangements.

The provider had procedures and policies in place should any person need end of life care. This gave staff guidance on the actions to take if any person, relative or staff member needed support during this time of people's lives. One staff member told us about a recent bereavement where staff had met a person's wishes to have a dignified and pain free death in their own home. Where people had made advanced decisions to

not be resuscitated, this was recorded in their care plan. One relative told us they had discussed end of life care with staff and details of the religious support the person wanted.

Is the service well-led?

Our findings

At our previous inspection between the 24 and 29 January 2018 we found the providers governance systems were not as effective as they should have been in identifying and making necessary improvements. At this inspection we found the provider had made improvement and legal requirements were met. However, there were still areas for improvement to ensure sustainability.

Audits and governance systems, although improved, required further work to ensure they were fit for purpose in continually monitoring, driving and sustaining improvement. Whilst management had identified actions to drive improvement they lacked timescales for implementation. Governance meeting minutes showed some actions as far back as May 2018 had not been addressed and were still being carried over. This meant that actions were carried over and opportunities were missed to act swiftly. Where management had taken action to drive improvement, there was no evidence to show they were being checked and reviewed to ensure they were embedded in practice, or needed further improvement. For example, amendments to policies and a lack of risk assessments.

The registered manager, since taking up their post in January 2018, supported by a new Director of Operations. They were also being supported by the local authority and the local NHS clinical commissioning group, had implemented many changes to improve the quality and safety of the service.

A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

The management team was developing an open and inclusive culture committed to improving the service and resolving problems. For example, by providing a service to people where there was the staff resource to do this. A social worker had complimented the provider's staff for being "a credit to the organisation. [They are] easy to work with by being helpful and willing to consider any concerns."

People and/or their representatives told us they had noticed the overall quality of care had improved mostly due to receiving care and/or support from consistent, skilled and caring staff. People also spoke about a recognised improvement in communication with office based staff. One person told us when they spoke with office staff, the office staff always tried to help them. A relative told us they had their concerns satisfactorily responded to by management staff who had been "very helpful." However, the office staff's helpful response was not always consistent because a few people told us that they did not always receive a call back about their concerns.

Senior management had restructured the office management team and staff with the necessary skills were in place to drive effective change. Care staff told us how the new management team had a positive impact on driving improvement which included staff morale. One staff member said, "The communication is better both within the office and with the care staff team." They told us management provided them with direct

support daily. Another staff member told us that if they ever had any issues when they were out they could call the office or out of hours number and someone always got back to them with a solution.

Management staff had introduced a new dedicated email reporting system for staff to escalate any concerns they may have. This was in relation to people they were supporting, or staff they were working with, directly to the Director of the service. The Director addressed each concern with appropriate action or where necessary investigated the issue. The Director/management team did not always provide written feedback to the staff member that their concerns had been addressed; this did not provide those staff with confidence. The registered manager told us they would implement a way to give staff feedback on the positive difference their information had made to people.

The provider and senior management checked staffing levels to ensure they met the needs of people using the service. They had made improvements to ensure that all staff received training, achieved qualifications in care and supervised more regularly to improve their practice.

Records showed how staff meetings were being used by the registered manager as a forum to discuss the provider's vision and values; and keep staff updated on the oversight of the service. Meeting minutes showed changes within the service, good practice guidance and learning and development were discussed. For example, such as safe medicines management, prevention and recognition of dehydration and code of conduct as well as a moving and handling best practice quiz. Meetings also provided staff with the opportunity to put their views forward.

People were being involved in developing the service and provided with the opportunity to share their views which were listened to, and acted on. This was being done through quality surveys, care reviews and care visits. As a result, so far, electronic call monitoring and dedicated teams were introduced to keep track of any unforeseen delays to people's visit times and to keep people informed. An internal customer services team was set up to improve customer communication, which also included a quarterly newsletter and updated information guide. A complaints tracker was introduced to identify any trends or patterns to complaints with a dedicated field care team to respond to concerns quickly and effectively.