

MidCo Care Limited

MidCo Care

Inspection report

Laxton House
191 Lincoln Road
Peterborough
Cambridgeshire
PE1 2PN
Tel: 01733530580

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

Midco Care is registered to provide personal care to people who live in their own homes in the Peterborough and Bedford areas. At the time of our inspection 32 people were receiving personal care from the service and there were 19 care staff employed.

This was the first inspection of the service since it became registered in March 2015. This announced inspection took place on 16, 21 and 22 December 2015.

The service had a registered manager in post. A registered manager is a person who has registered with the Care

Quality Commission (CQC) 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 scheme is run.

Audits of the care report books, that included daily notes and medication administration record charts, had not always identified where there were issues. Where issues had been identified the required action had not always been taken or recorded by staff.

Summary of findings

People had their needs assessed and reviewed so that staff knew how to support them to maintain their independence. Peoples care plans contained relevant, person focused information.

Staff were trained in the principles of the Mental Capacity Act 2005 (MCA) and most could describe how people were supported to make decisions.

The risk of harm for people was reduced because staff knew how to recognise and report abuse. People were not always supported to be as safe as possible because risk assessments had not been written for all risks. This meant staff did not always have the information they needed to reduce risks.

The recruitment process was not followed and this meant that people using the service could be at risk of receiving care from receiving from unsuitable staff. There was a sufficient number of staff to meet the needs of people receiving a service.

People's privacy and dignity was respected by staff and staff treated them with kindness. People and their relatives were aware that there was a complaints procedure in place. However having raised issues they had not found the service improved.

Although systems were in place to monitor and review the safety and quality of people's care and support, people and their relatives said they had not been contacted for their comments about the service.

Full staff meetings and individual staff supervision were not completed regularly. However staff were supported by the office staff and the registered manager during the day and an out of hours system was in place for support in the evening.

We found four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not safe.

People were not always safe because staff did not follow the policies and procedures in relation to medication. Audits of medicines were not robust.

The recruitment process did not ensure that only suitable staff were employed to work with people in their own homes.

Risks to people's safety and welfare were not robustly assessed and managed. Incidents and errors of medication and missed calls were not reported to the relevant authorities.

Requires improvement



Is the service effective?

The service was not effective.

People received care from staff who had received the appropriate training they needed.

Staff had not received regular supervision to ensure they were supported.

People had capacity but staff were aware of how people should be protected and had some level of understanding in the Mental Capacity Act 2005.

Requires improvement



Is the service caring?

The service was caring.

Staff were kind and treated people with dignity and respect.

People and their relatives were involved in decisions about their care.

Good



Is the service responsive?

The service was not responsive.

Although people knew how to raise any complaints or concerns; when they had done so they found the service had not improved.

People had their needs assessed and staff knew how to meet them.

The service was flexible in the way it provided care.

Requires improvement



Is the service well-led?

The service was not well led.

Notifications in relation to people's health, safety and welfare had not been sent to the Commission.

Audits were completed but not robust and we found people's records were not always accurate or complete. A quality survey had been undertaken in 2015, but no improvements of the service had been recorded or evidenced.

Requires improvement



Summary of findings

There were no regular meetings for all staff to raise issues or improve the service.

MidCo 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.

The inspection took place on 16, 21 and 22 December 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be available. The inspection was undertaken by three inspectors.

Before the inspection we looked at information that we held about the service. This included looking at the number and type of notifications that we had received. A notification is information about important events which the provider is required to tell us about by law.

During the inspection we spoke with seven people who received a service and six relatives. We spoke with the service's registered manager, a care co-ordinator, a care co-ordinator/trainer and three care staff.

We looked at four people's care records and their daily care notes. We looked at medicine administration records and audits in relation to the management of the service such as checks regarding accidents and incidents and quality assurance. We also looked at staff recruitment, training and supervision records.

Is the service safe?

Our findings

People were not always safe because although the provider had a policy in respect of the administration of medicines, we found that this policy had not always been followed. The people we contacted during this inspection told us that they or their relatives administered their medicines. In other people's files we saw evidence that they were prompted and assisted with their prescribed medicines. We looked at the medication administration records (MAR) of three people.

Information on the MAR charts showed that for one person four of their regular medicines had run out at different times during the year. Although the person's family had taken responsibility to order and collect the medicines there was no information to show what staff had done to inform the family of the lack of medication. The registered manager said that the policy for staff would be to tell the family. However the registered manager was not able to tell us how or where staff would have been expected to record that information. Records showed that on one occasion a person whose medicines should have been given in the morning, were given in the afternoon. The registered manager said that the staff should have checked with the GP that the medicines could be given at a later time in the day as per the medication policy; but there was no evidence that this had been done. On one person's MAR chart we saw that one medication to be administered by staff had been changed from two tablets four times a day to two tablets twice a day. However the registered manager and staff believed the family had decided to make the changes but were unable to tell us why, or if the decision had been agreed by the person or the GP.

Although there were systems in place to audit the medication administered by staff these audits were not robust to ensure that people remained safe. The medication administration audits undertaken had not identified the concerns we identified, even though the MAR charts had been checked by two staff including the registered manager. This meant people were not protected in the safe administration of their prescribed medicines.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff told us that they had received training in the administration of medicines and that their competency was assessed by senior staff. This was confirmed by the registered manager.

Information from the local authority safeguarding team showed they had raised three safeguarding issues raised since MidCo Care became registered in March 2015. The safeguarding issues related to staff recruitment. Although the provider had a recruitment and selection procedure in place it had not been followed. Staff said they had completed an application and attended an interview. One member of staff confirmed, "I gave them all the information, such as referees, my DBS [Disclosure and Barring Service form] and my previous training including my NVQ 3 [in care]. I know they checked it all before I started work." Information in the recruitment policy showed, that where any concerns of a serious nature were noted on the DBS form, the prospective staff member "should not be offered a care position". However the registered manager had employed staff whose DBS forms showed serious concerns. This meant people could be at risk of harm.

This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw that some risks to people who used the service had been assessed, managed and reviewed. These included risks to people when they were being moved and transferred by staff and risks within the person's environment. Evidence showed that where people had risks relating to their moving and transferring needs, appropriate equipment was in place to ensure their safety. Where a person needed two members of staff to ensure safe moving and transferring, this was provided. However, we noted that there were no risk assessments in place for risks such as animals on the premises, people's food intake and medication. This meant people and staff could be at risk of inappropriate or unsafe care.

In discussion with the registered manager and in information we saw, accidents, incidents and medication errors that affected the health and safety of people had not been reported to the relevant authorities. Although they had been recorded in a section of the data base system used by the provider, they were recorded against the staff member or person using the service, but not as a specific event or incident. It meant events and incidents could not be tracked or measured by the registered manager to ensure the event did not occur again. When we asked to be

Is the service safe?

shown an example, staff were unable to do so, even though they confirmed medication errors and accidents had occurred. This meant the provider could not ensure people were safe as they would not be able to audit the information or prevent a re-occurrence.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had procedures in place in the event of people being placed at any risk of harm. Staff said they were aware of these policies and said they were available in the staff handbook which they were given when employed. The registered manager said further training was to be undertaken through the local authority training. Staff told us about the training they had received and that they understood what signs of harm to look for. They told us they would contact the office if they were worried or had any concerns about the safety of people. One member of staff said, "I would report any concern straight away. I also know about whistleblowing. Everything is in place to keep people safe. We have it all in the handbook." All staff had received training in safeguarding people from harm, including refresher training where necessary. This showed that people were kept as safe as possible and the risk of harm was reduced.

People said that the staff arrived on time and stayed for the correct amount of time. They commented that the regular staff were good, however there were concerns when those staff were on holiday or off sick. Staff told us that they were only aware when they got their rota that they had to cover staff on leave or off sick. One member of staff said, "They [staff in the office] change the rota, sometimes they tell me, but sometimes they don't. That's the major problem [I have]."

People said that sometimes there were missed or late calls. The registered manager said that missed calls were noted and that care was provided as soon as possible if the person wanted it. However there was no evidence of what had been done to prevent further missed calls.

One person said, "The carers [staff] are usually on time. On the whole I am satisfied but I don't always know which carers [staff] will be coming". Staff in the office said people were informed when a member of staff was going to be late. Staff said they always informed office staff when they were going to be very late to a call. One staff member confirmed, "I call the office if I'm going to be late and they call the client [person]. And they do it." Staff in the office said that people used to receive a rota detailing the staff they could expect to provide their care each week. The registered manager said that this had lapsed recently but intended to ensure people had a rota again as soon as possible. This meant people did not feel safe when they did not know who would provide their care.

There were 19 care staff employed in MidCo Care at the time of the inspection and 32 people who used the service. Three members of staff provided care in Bedford and 19 in Peterborough. The registered manager said that they considered the staff availability before they agreed to provide care to people new to the service. Staff told us they were given sufficient time to care for people and meet their needs. One staff member confirmed enough time was given to travel between calls and that this was incorporated into the rota. Overall there was a sufficient number of staff to meet the needs of people using the service.

Is the service effective?

Our findings

The people we contacted told us that they did not require any help or support to eat and drink. The registered manager said that there was no-one in the service who required assistance to eat and drink. In one person's file there was information in their care plan review that showed staff needed to monitor the person's meals as they had not been eating well. The information about what they had eaten should have been recorded after each meal, but between 1 October 2015 and 10 December 2015 there were only five entries made. The registered manager was unable to explain why this had not been recorded or that why this had not been noted during the audit process. This meant that the system to check people's food intake to keep them well was not effective.

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.

The registered manager had a limited understanding of the Mental Capacity Act 2005) and had received some training in this subject. The registered manager confirmed that people using the service had capacity and the people we spoke with told us that they were able to make all decisions for themselves. The registered manager and two staff told us that they had completed e-learning in respect of MCA. One member of staff understood the MCA and said, "I understand about capacity and giving people as much choice as possible. I make sure people with dementia have choice such as offering two things for them to choose from." However two staff were unable to answer any questions about the MCA or tell us what they had learned as a result of their training. The registered manager said although all staff had completed basic MCA training, further

training was to be requested from the local authority so that staff had a more detailed understanding of the MCA. No-one was subject to any restrictions and people and their relatives we spoke with confirmed this to be the case.

People and their relatives told us that the staff were able to provide the care they needed in a way that was competent and professional. For example when staff used the hoist when a person needed to be assisted to transfer from one place to another, training had been given in the use of that hoist. Staff told us they had attended an induction training programme, which provided all the mandatory training expected by the provider. Newly recruited staff worked with more senior staff until they were deemed competent to work alone, and evidence confirmed this. Competency was assessed through observations in areas such as medicine administration and moving and repositioning people and staff confirmed it.

Staff told us they received a range of training that supported them with their roles, such as safeguarding people from the risk of harm, moving and positioning and medication administration. Training records confirmed this to be the case. However we saw that some training had expired and this had not been noted by the registered manager. The registered manager stated that all staff would complete the new Care Certificate, which is a nationally recognised qualification, by the end of February 2016. Three senior staff were completing assessor training in February 2016. This meant that when staff had completed the training they would have up to date training and skills. Other specific training in moving and transferring and some medical equipment such as tracheostomy care and special methods of feeding through the stomach was provided to ensure staff had the skills to care for people.

Two staff told us that they had not been supported by face to face supervision meetings, although there was evidence that spot checks (visits from senior staff to check that staff could demonstrate continuing competence) had been completed. One staff member said, "I feel supported. I go to the [registered] manager if I need to. They [office staff and registered manager] call us regularly every month." The registered manager said that although face to face supervision had not been undertaken with all staff, there was evidence in the staff files we checked that supervision and appraisals had been completed.

People were supported by staff who ensured they could see a range of healthcare professionals when it was

Is the service effective?

required. These included GP's and emergency services. One member of staff told us, "If I find that someone [person using the service] is unwell and needs the GP then I call

straight away and then report this to the office [staff]. If things are really bad I will call 111 or the paramedics." This meant that people were supported with their healthcare needs.

Is the service caring?

Our findings

People told us the staff were caring and kind. One person said, “They [staff] are pretty good apart from some difficulties with language.” Another person said, “They [staff] are really good to me. We have a laugh together and they take time to chat.”

People said that they had been involved in developing and reviewing their care. They said they had talked to staff, provided information and made decisions about the care that they wanted. One person said, “I sometimes have to tell the carers [staff] what they need to do and language can sometimes be a barrier as some of the carer’s English is not very good. But we get there in the end.” One relative felt that the staff tried very hard to care for their family member who could be difficult because of their level of understanding or mood. There was evidence that people had been asked if they wished to be cared for by a male or female staff member and their choice was respected and provided.

People told us that they had a good relationship with the staff who provided their care. One person told us, “They

[staff] are fine and treat me with dignity and respect.” One relative said, “The staff are always careful with [family member].” Staff told us how they ensured people’s privacy and dignity through closing the curtains, keeping doors closed and covering people when providing personal care. They told us how they involved people in their everyday decisions about their care and that people were told by office staff if any changes or delays in delivering that care were needed.

People told us they felt the staff treated them with respect. One person said, “The carers [staff] are polite and respectful.” One relative said, “They [staff] are very kind and engage [family member] in conversation.”

People were able to speak up on their own behalf or were supported by a relative who would speak up for them if it was necessary. The registered manager said that, if necessary, an independent advocate would be sought to help anyone if they wanted it. Advocates are people who are independent of the service and who support people to make and communicate their wishes. Information and phone numbers of advocates were available in the office.

Is the service responsive?

Our findings

A relative of a person using the service told us that their family member had a number of missed calls and although the staff apologised, no reasons for the missed calls were given. The relative felt their complaints had not been addressed and the missed and late calls continued. One person told us, “They [staff] missed my lunch call today and I don’t know why.” Another person told us they felt the office staff tried to help deal with their concerns about missed calls, but the issue had continued.

We saw the provider’s complaints procedure in the statement of purpose and in people’s individual files. The provider stated they had received no formal complaints since the registration of the service in March 2015. He said missed calls or late calls had not been recorded as complaints. This meant that the provider had a complaints system that was not effective and complaints were not monitored for trends or areas of risk.

This was a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and their relatives told us that they knew how to raise any concerns and most were confident that any issues they raised would be dealt with. One person said, “I have the office number if I need to speak to anyone.” Another person told us, “I did complain about a late call and this was sorted out and hasn’t happened again.”

Information from the local authority or hospital discharge team provided details that the registered manager used to ensure the service could meet the needs of people. The registered manager showed us the care plan, risk assessment, medication, food and fluid and skin integrity

charts that were incorporated into the new home care report book. This had only been completed on the most recent person to use the service but with the expectation that the new format would be completed for everyone as soon as possible. The previous assessment was adequate and provided the information staff needed to provide care to people. One staff member said, “There is always a care plan in place before we provide care. It always has enough information so that we can care for people. Staff [from the office] visit people three or four times to adjust it [the care plan].”

People told us they discussed their care needs with staff, and there was evidence in the care records to confirm this. One relative said, “I have seen the care plan and look at the daily notes, which seem to be accurate.” Care plans contained relevant information and guidance for staff. We found that care plans contained information in areas such as moving and transferring, personal care and medication administration and staff were clear about the care they provided to people.

People told us they felt the service provided by MidCo Care was flexible and responded to their changing needs and support. For example there was evidence that a relative (acting on behalf of a new client) requested that the person should not have male carers. The provider responded to this request so that the person only received care from female staff. Where people’s needs changed we saw that changes were made in the care plan so that the information was accurate and updated for staff to meet people’s needs. One staff member told us, “Care plans change [when necessary] and I make sure I record everything I am asked to complete.”

Is the service well-led?

Our findings

There was a registered manager in post at the time of the inspection and they were supported by office and care staff.

The systems and processes to monitor and improve the service were not analysed to do so. The registered manager told us they checked the quality of the service provided so that people could be confident their needs would be met. Six of the seven people and five of the six relatives we contacted, said they had not received any survey or questionnaire from the provider about the service. However there was evidence in the office that a 'service user and advocate' survey had been undertaken in 2015. This had been completed by 14 people or their advocates and showed positive responses to the care provided. The registered manager stated that they had not analysed the responses made in the questionnaires to assess for any trends or themes that could have improved the service. The registered manager said that he would have addressed any specific individual issue detailed in the questionnaires had there been any. We confirmed that there were no individual issues raised.

One member of staff said, "I enjoy my work" and said that they had no concerns about the agency. Another member

of staff said they were happy working for the agency. They were supported out of hours through an on call system and agreed that the registered manager and office staff were contactable when needed.

Audits such as medication audits, food and fluid record audits and audits of daily notes that had been undertaken were not robust. We found a number of omissions on audits that had been signed as correct. For example in one case the MAR was missing but signed on the home care report book, that should have contained it, that there were no issues. In another home care report book the details of meals the person had eaten should have been recorded, but were not. The book had been audited, but no comment about the incomplete records had been noted. This meant people's records were not always accurate or complete.

We saw evidence that staff meetings of the office team took place almost weekly. However the information about the meetings was minimal and about changes in the paperwork and policies and procedures. Care staff were not invited to these meetings. The registered manager stated that the last full staff team meeting took place in July 2015 but no records or minutes for this could be found and no information on what was discussed was recalled by any staff. The registered manager said that a team meeting for all staff would be arranged as soon as possible.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Personal care

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

People were not protected because staff had not followed the providers' policies in recording prescribed medicines that had been administered. Regulation 12 (2)(f)(g)

Regulated activity

Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

People who use services were not protected because the provider had not followed their recruitment process. Regulation 19 (1)(a),(2)

Regulated activity

Personal care

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

Care and treatment was not provided in a safe way. People's risks of food intake and medication risks were not properly assessed and managed. Incidents that affected people's health and welfare were not investigated. Regulation 12 (1),(2)(a)(b)

Regulated activity

Personal care

Regulation

Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints

There was no effective complaints procedure as issues had not been recorded, investigated or actioned appropriately. Regulation 16 (1)(2)