

Midlands Medicare Agency 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?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service: Midlands Medicare Agency Ltd is a domiciliary care agency. On the day of our inspection three people were receiving care and support from Midlands Medicare Agency Ltd.

People's experience of using this service:

The service was safe. There were systems and processes in place to protect people from harm. Medicines were managed safely and only administered by suitably trained and competent staff. Recent recruitment processes were robust although at the time of the inspection we were not able to evidence the recruitment of the care co-ordinator had been thorough. We have made a recommendation about the recruitment of staff.

The relative we spoke with felt staff had the skills and knowledge to meet their relative's needs. Staff had received training in a variety of topics. Although staff received an induction, this process was not recorded. We also found the provision of staff's supervision and field based competency checks was inconsistent. We have made a recommendation regarding staff support.

Staff supported people to have maximum choice and control of their lives, although care records for one person did not evidence the service was meeting all the requirements of the Mental Capacity Act 2005.

Staff were caring and kind. People were treated with dignity and respect.

Care records were detailed and person centred, reflecting the care and support people required. Records were reviewed and updated at regular intervals. Care records included contact information for other health professionals who were involved in their care.

The registered manager was clear in their desire to provide person-centred and high-quality care to everyone who used the service. Staff and people felt the service was well managed. There was a system in place to audit records and seek feedback from people who used the service. The registered provider had implemented an electronic system to improve their management of staff. They had also engaged an organisation to provide policies, procedures and support with audits.

Rating at last inspection:

This is Midlands Medicare Agency Ltd.'s first inspection since its registration on 17 January 2018.

Why we inspected:

This was a planned inspection.

Follow up:

We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care.

Further inspections will be planned for future dates.

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

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?

Requires Improvement ●

The service was not always 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.

Midlands Medicare Agency 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The service had a registered manager in place. 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.

Inspection team:

The inspection team consisted of one adult social care inspector.

Service and service type:

The service is a domiciliary care agency. It provides personal care to people living in their own homes in the community.

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:

The inspection was announced. This was because we needed to be sure there would be someone available in the office to meet with us.

Inspection site visit activity took place on 13 March 2019 when we visited the office location.

What we did:

Prior to the inspection we had received information about the service since its registration on 17 January 2018. This including reviewing any notifications we had received from the service and information we had received from external agencies including the local authority.

We asked the service to complete a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

This inspection included speaking with the registered manager and the care co-ordinator. We reviewed three people's care records, three staff personnel files and recruitment records for a care worker whose application was still being processed. We also looked at a range of other records about the management of the service. On the same day of the inspection we visited two people who used the service. Following the inspection, we spoke with a care worker and received feedback via email from a relative of a person who used the service.

After the inspection we requested further information from the registered manager. This was received and the information was used as part of our inspection.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Both people we spoke with told us they felt safe in the care of Midlands Medicare Agency staff.
- The registered manager, care co-ordinator and care worker could identify different types of abuse and the signs which may indicate a person was being harmed.
- The registered manager and care co-ordinator understood their responsibilities in investigating and reporting any allegations of abuse to the local authority safeguarding team.
- The care worker was aware of the need to record and report any concerns they may have about a person's safety but they were not aware of who they may escalate their concerns to external to the organisation, should the need arise. We brought this to the attention of the registered manager after the inspection.

Assessing risk, safety monitoring and management

- We saw person centred risk assessments were in place. Where a risk was identified, actions to mitigate the risk were recorded.
- Care records also included an environmental risk assessment, where potential risks to the safety of people who used the service or staff could be identified.
- The care worker was aware of the actions they should take in the event a person was not home for a scheduled call or if a person had suffered a fall.

Staffing and recruitment

- We asked people if staff ever missed their calls or were late. One person told us, "If [care worker] is going to be late, they always ring us". A relative told us via email, "Staff are punctual and on time."
- Care workers were recruited safely, we saw evidence of employment histories, references, and criminal records checks being obtained.
- There were no recruitment records available for the care co-ordinator. The registered manager told us this was because the care co-ordinator was a close relative of theirs. During the inspection we were provided with a copy of their C.V. which included their employment history and their criminal records check. No references had been requested or obtained. Following the inspection, the registered manager emailed us to confirm references had been requested, one of which had already been returned. We recommend the registered manager consider current good practice guidance to ensure recruitment of all staff is safe and robust.

Using medicines safely

- A relative told us they felt staff were competent when administering their relative's medicines.
- The care worker we spoke with was aware of the action they should take in the event they made an error when administering a person's medicines.
- People's medicine administration records were hand written. Each included the name of the medicine, the

dose and time of administration.

- The training matrix evidenced staff had completed a medicines E-Learning course. An assessment of staff's competency to administer medicine had also been completed by the registered manager.

Preventing and controlling infection

- Staff had completed an E-Learning course in infection prevention and control.
- When we visited a person's home, we saw the care worker had access to gloves.
- Good practice guidance regarding thorough hand washing techniques were on display in the office.

Learning lessons when things go wrong

- The registered manager and care co-ordinator told us any accidents and incidents would be investigated and analysed to see what lessons could be learned to prevent a reoccurrence.
- The registered manager told us about an incident which had resulted in a medicines error occurring. They told us of the actions taken by themselves and others to reduce the risk of the incident being repeated.

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

Requires Improvement: The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- A relative told us staff had the knowledge and skills necessary to meet their relative's needs.
- The training matrix evidenced staff had completed E-Learning in a range of topics. At the time of the inspection the service did not support anyone who required a hoist to transfer but we were assured practical moving and handling training would be obtained in the event it was required
- The registered manager told us new staff shadowed a more experienced member of the team for two days prior to them working alone. This was confirmed when we spoke with a care worker. However, there was no formal record made of the induction process to evidence the topics discussed or to confirm the care worker was deemed competent to work unsupervised.
- The care co-ordinator told us staff were to receive one to one supervision every three months. We checked the file for the most recently employed care worker, a care worker who had worked from April to July 2018 and the care co-ordinator, there was no record of supervision. National Institute for health and care excellence guidance recommends; "Supervise workers in a timely, accessible and flexible way, at least every 3 months."
- Field based spot checks on care workers were not consistently completed. For example, we saw a spot check had been completed on a care worker employed in November 2018. There was no evidence a field based spot check had been completed on the care co-ordinator or the care worker who had worked between April to July 2018. National Institute for health and care excellence guidance recommends; "Observe workers' practice regularly, at least every 3 months, and identify their strengths and development needs."
- We recommend that the service finds out more about induction, supervision and field based performance checks based on current good practice.

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

- The registered manager or care co-ordinator assessed people's needs to ensure they could meet their requirement prior to accepting a new care package.
- People's care and support needs were reviewed monthly or when people's needs changed.

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

- A person we spoke with told us their care worker made them the meals and drinks they requested.
- People's care records included information about the support they needed to prepare and eat meals and drinks.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

- People's records included contact information for other health care professionals involved in people's support. For example, GP, district nurse and a pharmacist.
- A relative told us, "Yes, staff contact me with issues or concerns that my [relative] may have."
- The care worker told us, "The other day I noticed [person] was a bit down. I rang their relative and the relative rang them later. This cheered them up."
- The care worker we spoke with told us they would report any concerns they had about a person's health or well-being to the office, and, if appropriate, a member of their family.

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. We checked whether the service was working within the principles of the MCA.
- The registered manager, care co-ordinator and care workers had completed MCA training. It was clear from our discussions with staff, people were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. However, from our discussions with the registered manager and care co-ordinator we established a person lacked capacity to manage an aspect of their care. An assessment of their capacity and evidence of best interest's decision making had not been completed. We discussed this with the registered manager and care co-ordinator at the time of the inspection and they assured us they would rectify this shortfall.

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

Good: 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

- A relative told us, "Yes I believe staff are genuinely caring and kind towards my [relative]." A person who used the service said, "[Care worker] is lovely. They know us. When [care worker] gets here, they shout hello. We are very happy with what we get."
- While we were at the office a person who used the service telephoned and spoke with the care co-ordinator. They spoke in a happy, relaxed and friendly way with the person. Responding to their query simply but professionally.
- We asked the care co-ordinator to describe what good care meant to them. They responded; "Meeting people's needs and making sure they are happy with the service. If they have a concern, making sure they can express this and that we address that concern."
- The care worker told us, "The client is at the centre of your care. It's not what benefits you, it is about them. Good practice and treating them with the respect they deserve."
- Our observations of the care worker, review of records and discussion with the registered manager, care co-ordinator and care worker demonstrated that discrimination was not a feature of the service.

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

- A relative told us, "I am able to contribute towards [relative's] support plan and add anything I feel is necessary to assist with their ongoing care."
- We asked the care co-ordinator how they enabled people to make choices about their care and support. They told us, "We ask them, if they can't make a verbal choice we show them visual examples". The care worker echoed this response.

Respecting and promoting people's privacy, dignity and independence

- We asked a relative if they felt their family member received a service based on their choices. They told us they did.
- We asked the care worker how they respected people's privacy and dignity. They said, "I knock before entering and I close doors. I ask their consent."
- Care records included if people had a gender preference for their care worker.
- Confidential information was stored securely in the office. Documentation posted from the office to staff, people or their relatives was stamped "Midland Medicare confidential". The registered manager explained this was to reduce the risk of unauthorised people accessing the contained information.

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care records were person centred and contained sufficient information for care workers to be able to meet people's assessed needs.
- Care records were reviewed and updated at regular intervals. The care co-ordinator told us a new care plan would be put in place as people's needs changed.
- A full copy of the care plan was kept both at the office and the person's home.
- A hand-written record was made of each care call, providing a synopsis of the care and support provided at each call. Entries were timed, dated and signed by the care worker.

Improving care quality in response to complaints or concerns

- A relative told us they knew how to complain should the need arise.
- There was a complaints policy procedure in place. This included contact information for the local authority, CQC and local government ombudsman.
- The registered manager told us they had not received any complaints about the service.

End of life care and support

- At the time of the inspection the service was not supporting anyone who was approaching the end of their life.
- The registered manager was aware of how to access additional support and guidance to enable them to provide safe and effective care in the event a person required end of life care.

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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- Everyone we spoke with were positive about quality of care provided for people.
- The registered manager understood their responsibility relating to duty of candour and understood their responsibility for submitting notifications in line with their regulatory obligations. Evidence gathered prior to the inspection confirmed this.

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

- The relative we spoke with felt the service was well managed and the staff were open and transparent.
- The registered manager was also the registered provider. They were involved daily, with the management of the service.
- The registered manager told us they audited each person's daily records and medicine administration records each month. It was clear from talking with the registered manager they had the skills and knowledge to enable them to undertake a thorough audit of these records, although there was no formal record to evidence the audits had been completed.

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

- The relative we spoke with told us, "Yes, I am asked to complete a questionnaire on how I think their service is ran and how it could be improved." We also asked them what was good about the service, they said, "The staff listen and take my [name of relative's] opinions in to consideration when making a decision."
- The registered manager told us they asked for feedback from people who used the service monthly. We saw two undated surveys, both completed by the same relative. Both surveys scored all aspects of the service as excellent. The relative had also written, "I can now have peace of mind that [relative] is looked after well and their needs are met. Midlands Medicare have been an excellent care provider and I would recommend them to anyone."

Continuous learning and improving care

- An external organisation provided policies and procedures. Recently the registered manager had engaged the services of a different organisation to provide policies, procedures and support with auditing.
- The registered manager had very recently implemented a new electronic personnel management system.
- The registered manager told us they attended good practice events provided by the local authority.

Working in partnership with others

- The service worked in partnership with the local authority and other relevant health care professionals to ensure people received appropriate and joined up care.