

# MidCo Care Limited

# MidCo Care

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service responsive?

**Requires Improvement** ●

# Summary of findings

## Overall summary

We carried out an announced comprehensive inspection of this service on 16, 21 and 22 December 2015. Four breaches of legal requirements were found. This was because the administration and recording of medication did not always protect people against the risks associated with unsafe use and management of medicines. The process of recruitment did not protect people against the risk of unsuitable staff. Incidents had not been investigated or reported to relevant authorities so that people were kept safe. Complaints had not been recorded or investigated so that the service could improve as a result.

After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breaches. We undertook this focused inspection on 28 June 2016 to check that they had followed their plan and to confirm that they now met legal requirements.

This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for MidCo Care on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

MidCo Care is registered to provide personal care to people who live in their own homes. At the time of this inspection personal care was being provided to 33 people living in the Peterborough and Bedford areas.

There was a registered manager in post at the time of the inspection. 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.

During this inspection on 28 June 2016 we found that the provider had followed their plans which they told us would be completed by 1 April 2016 and legal requirements had been met.

Since the last inspection changes had been made to check that staff followed the policies and procedures for recording medication that had been administered. There were processes in place to audit medication, and these were robust. The provider and senior staff monitored and audited medicines to improve the quality and safety of the service.

Staff had received training in the administration of medication medicine administration had been Further training dates were noted so that all staff had undertaken the appropriate training.

Recruitment processes were now followed, which meant people were safe because only suitable staff were employed to work with people in their own homes.

The provider had ensured that incidents, errors of medication and missed calls were recorded, investigated and reported to the relevant authorities.

A complaints procedure was in place. The staff responded appropriately to people's concerns or complaints.

## 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 safe.

We found that action had been taken to improve the safety of the service.

People were safe because staff followed the policies and procedures in relation to medication. Audits of medication were robust.

The recruitment process ensured that only suitable staff were employed to work with people in their own homes.

Incidents, medication errors and missed calls were reported to the relevant authorities.

Whilst improvements had been made we have not revised the rating for safe; to improve the rating from 'Requires Improvement' to 'Good' would require consistent good practice over time.

We will check this during our next comprehensive inspection.

**Requires Improvement** ●

### Is the service responsive?

The service was responsive.

We found that action had been taken to improve the response of the service.

Complaints had been recorded, investigated and addressed so that the service could be improved.

Whilst improvements had been made we have not revised the rating for responsive; to improve the rating from 'Requires Improvement' to 'Good' would require consistent good practice over time.

We will check this during our next comprehensive inspection.

**Requires Improvement** ●

# 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.

We undertook an announced focused inspection of MidCo Care on 28 June 2016. This inspection was undertaken by one inspector.

The provider was given 24 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be in. This inspection was completed to check that improvements to meet legal requirements, planned by the provider after our inspection undertaken on 16, 21 and 22 December 2015 had been made.

We inspected the service against two of the five questions we ask about services: is the service safe and is the service responsive. This is because the service was not meeting some legal requirements in relation to those questions.

Before the inspection we looked at all of the information that we held about the service. This included the provider's action plans, which set out the actions they would take to meet legal requirements.

During the inspection we spoke with the registered manager, the agency trainer/compliance manager and one care manager. We looked at records in relation to medication administration and audits, staff recruitment, events and incidents and complaints. We looked at the recruitment files of two new staff members, four medication charts and three complaints.

# Is the service safe?

## Our findings

At our comprehensive inspection of MidCo Care on 16, 21 and 22 December 2015 we found that people were not always protected against the risks of harm because staff had not followed the provider's policies in recording prescribed medicines that had been administered.

This was a breach of Regulation 12 (2) (f) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found that people were not protected because the provider had not followed their recruitment process.

This was a breach of Regulation 19 (1) (a) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We also found that events or incidents had not been examined to minimise a recurrence.

This was a breach of Regulation 12 (1) (2) (a) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During our focused inspection of 28 June 2016 we found that the provider had followed the action plan they had sent to us to meet shortfalls in relation to the requirements of Regulation 12 described above.

At the last inspection on 16, 21 and 22 December 2015 we found that staff had not followed the provider's policies and procedures. These included staff not recording changes in medicines or the numbers of tablets given if the one or two tablets could be administered as prescribed by the GP. Although there had been systems in place to audit the records these had not been completed effectively.

During this focused inspection we saw improvements had been made. We saw that four medication administration record charts had been completed to show, where necessary, the number of tablets administered. We saw that care staff had recorded details in the daily notes if there were any issues or concerns about medication. The trainer said that 27 staff had undertaken training in medication administration and recording and showed evidence of the staff who had attended. Further training dates had been arranged for 11 staff who had been unable to attend previous training dates and/or were new to the company. The registered manager said that senior staff had undertaken spot checks to observe medication administration by staff review their competency as well as to check the records. There was evidence that this had taken place.

During our focused inspection of 28 June 2016 we found that the provider had followed the action plan they had sent to us to meet shortfalls in relation to the requirements of Regulation 19 described above.

At the last inspection on 16, 21 and 22 December 2015 we found that staff had been employed even though their Disclosure and Barring Service (DBS) record showed serious concerns.

During this focused inspection we saw improvements had been made and that no new staff had been employed if there were any concerns raised on their DBS record. This meant people were supported by staff who had been recruited in line with the provider's policy.

During our focused inspection of 28 June 2016 we found that the provider had followed the action plan they had sent to us to meet shortfalls in relation to the requirements of Regulation 12 described above.

At the last inspection on 16, 21 and 22 December 2015 we found that incidents and accidents had not been appropriately audited to make sure any incidents or accidents were minimised in the future.

During this focused inspection we saw that new record books were in place for each person who used the service. Actions were taken to document where staff administered medication, or where skin integrity or food intake needed to be recorded. People were safe because incidents were tracked and measured by the provider to minimise any recurrence. Where necessary incidents had been reported to the appropriate authorities.

## Is the service responsive?

### Our findings

At our comprehensive inspection of MidCo Care on 16, 21 and 22 December 2015 we found that people were not always protected because there was no effective complaints procedure. This was a breach of Regulation 16 (1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During our focused inspection of 28 June 2016 we found that the provider had followed the action plan they had sent to us to meet shortfalls in relation to the requirement of Regulation 16 described above.

At the last inspection on 16, 21 and 22 December 2015 we found that the provider had not monitored or addressed complaints in line with their policy.

During this focused inspection we saw that all people who used the service had been sent a letter. The letter gave details of who the person could contact if they wished to make a complaint. People were also told that a complaints form could be found at the back of the MidCo Care folder that was kept in the person's home. We saw details of complaints which been recorded on the providers computer system. There was evidence that complaints had been investigated and dealt with to the satisfaction of the people using the service.