

MidCo Care Limited

Prospect House

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Prospect House (MidCo Care Ltd) is a supported living service providing personal care to six adults over the age of 18 across five houses and flats in the Barnet area.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

People received good care from kind and caring staff. People and staff had developed positive relationships which meant they interacted well. Staff treated people with dignity and respect.

Staffing levels were enough to enable people to receive personalised care. Staff were safely recruited. People received their medicines on time and staff followed good infection prevention and control procedures to prevent infection.

People's needs were assessed to identify the care they required and their families and professionals were involved in the assessments. Staff received good support and the training they needed. Staff supported people to have enough to eat and drink and to access health care services.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The provider had a structured approach to quality assurance which was used to improve the service. The provider had a positive working relationship with health and social care professionals which resulted in positive outcomes for people.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. The service prioritised people's needs, and staff supported them to make choices and promote their independence. People received personalised care and were treated with dignity and respect.

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

Rating at last inspection

This service was registered with us on 8 April 2020 and this is the first inspection.

Why we inspected

This was the first inspection for the service.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Prospect House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by two inspectors.

Service and service type

This service provides care and support to people living in five 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

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

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 17 July 2021 with a visit to the office and one supported living setting and ended on 5 August 2021.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

People receiving personal care were non-verbal, therefore we did not speak to any people who used the service. We visited one supported living scheme and observed interactions between people and staff. We spoke with eight members of staff including the nominated individual, company director, registered manager, quality assurance manager and four support workers. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at five staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We received feedback from two professionals who have recently worked with the service. We also spoke with two relatives by telephone.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Relatives told us the service was safe. One relative told us, "I feel my [Person] is well looked after there, I have no concerns."
- Safeguarding policies in place ensured that people were kept safe from abuse and avoidable harm.
- Staff had received training in how to safeguard vulnerable adults and were knowledgeable around what to do should they have concerns, including contacting external organisations such as the local safeguarding authority and CQC. One member of staff told us, "If I have any concerns about people's safety, I would raise this with my team leader, or senior management. I can also contact the local authority and CQC. Contact numbers are displayed in the service."

Assessing risk, safety monitoring and management

- Risks associated with people's care and safety had been assessed which gave guidance to staff on how to keep people safe.
- We received positive feedback from professionals around how staff worked with people to reduce the risks associated with specific medical conditions such as epilepsy. Staff had received specific training. One professional told us, "Staff at MidCo Care assist clients to maintain their safety, physical health and well-being. My client was placed at MidCo care with high level of epilepsy, however, MidCo care ensure that the client is supported to attend all their medical appointments, administer their medication and supported to maintain their health needs. As a result, the epilepsy frequency has since subsided."
- People's risk assessments linked to person centred care plans which ensured staff knew their needs well.
- The service managed environmental risks well. Regular spot checks ensured that procedures such as fire evacuations and health and safety checks were completed regularly.

Staffing and recruitment

- The provider followed safe recruitment practices. This meant checks were carried out to make sure staff were suitable and had the right character and experience for their roles.
- Staffing levels were based on people's assessed needs and commissioning arrangements. There were always enough staff on duty to ensure people were safe and received person centred care.

Using medicines safely

- Processes were in place to ensure medicines were managed safely and people received their medicines as prescribed.
- Medicines administration records were completed electronically which enabled office-based staff to monitor in real time that medicines were administered correctly and on time. We checked a sample of

medicines stocks at a supported living scheme and found stocks matched records kept.

- The management team carried out regular audits of medicines administration and checked medicines processed during spot-checks. Any issues picked up during audits were acted on quickly.
- Staff received training in medicines administration and had their competencies to administer medicines assessed to ensure they were safe to handle medicines.

Preventing and controlling infection

- Staff had been provided with information related to COVID-19, including testing and vaccination in line with government guidance. Staff had received training in infection prevention and control (IPC), including COVID-19 and donning and doffing of personal protective equipment (PPE).
- We observed staff wearing PPE in line with guidance.
- The supported living setting we visited was clean with ample handwashing and sanitising facilities available.

Learning lessons when things go wrong

- Accidents and incidents were recorded and monitored. Themes were identified and shared with staff.
- The management team contacted involved health professionals where they had concerns about people following any incident.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs had been thoroughly assessed prior to them receiving care. Transitions into their new homes had been planned to ensure people had time to adjust to the environment and ensured the service could meet people's needs. A professional told us, "They have worked in a person centred way ensuring that [Person] is at the centre of their care planning and making his family feel at ease by ensuring that they are fully included and supported throughout the transition and beyond."
- Staff were provided with the necessary skills, including training to meet each person's needs, such as how they communicated, what the person's health conditions were and making any reasonable adjustments under the Equality Act 2010, for example, to support sexuality, age, religion or beliefs.
- People's care and treatment was delivered in accordance with legislative requirements and good practice guidance. One professional told us, "Staff worked with our specialist learning disability service to upskill through specific training for [Person]. This included epilepsy training and support in understanding specific sensory processing difficulties."

Staff support: induction, training, skills and experience

- Staff were supported in their roles. Staff said they felt supported by the management team and received regular support and supervision. A staff member told us, "'I have supervisions with my team leader, and I feel listened to."
- Staff were well trained in a range of specialist subjects in order to support people effectively based on their assessed care needs. A professional told us, "Staff at Midco Care are well trained, skilled and very experienced to provide care and support to clients. Training was refreshed regularly, and the management team monitored staff training needs."
- New staff completed an induction to ensure they had the skills and knowledge to carry out their role. This included reading policies and procedures, completing training and shadowing other members of staff. A staff member told us, "I had an induction period – during this I completed training and shadowing across different services, and I had time to get to know people using the service."

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

- Care plans detailed people's support needs around eating, drinking and whether any cultural or religious dietary considerations were required. One relative told us, "When I visited, I noticed [Person] was offered plenty of drinks and snacks. I have no concerns regarding their diet and food."
- Risks associated with people's eating and drinking had been identified and appropriate actions were taken to help reduce the risk, for example around ensuring food was prepared in a way to reduce the risks of choking.

- One person had been supported to improve their diet and make healthier food choices which had a positive impact on their physical health and well-being.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were supported to access the health care services they needed. Staff communicated effectively across organisations to ensure people's care was appropriate for their needs. Professionals provided positive feedback in this regard with one telling us, "The service is brilliant with communication both verbal and written. They provide up to date information about client's physical health and well-being. They are excellent at recording and they provide charts and detailed information all the time."
- Detailed records were kept of outcomes from health appointments, reviews and guidance.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- The provider followed the requirements of the MCA.
- People's care plans contained detailed guidance about their mental capacity and what they could, or could not, make decisions about.
- Staff and the management had good knowledge of the MCA framework and encouraged people to make choices wherever possible.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Relatives provided positive feedback on the caring nature of the service and staff team. Relatives told us, "I think the service is good, the staff are very nice and kind" and "Staff were kind and caring."
- Staff were observed to be kind and caring on inspection and supported people in a compassionate way.
- Staff showed us they were aware of people's needs, including those related to protected equality characteristics such as age, disability, race and gender. Staff prepared meals for one person based on a diet associated with their religion and culture.

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

- People's preferences and choices were clearly documented in their care records. Care plans and risk assessments were individualised to the specific needs of the person.
- Families were involved in care planning. A staff member told us, "To plan everything based on the person's preferences, likes and dislikes. To involve their families, friends and people that matter most in all planning."
- People were consistently encouraged to express their views and to make decisions for themselves. A professional told us, "[Person] is provided with choice and control over their life and [Person] shows that they are comfortable and happy with staff."
- Staff encouraged people's families to visit the people safely in line with COVID-19 guidelines and supported people to stay in touch with family and friends. Relatives told us they could visit whenever they wanted and were always made to feel welcome. One relative told us, "I always felt welcome to visit."

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and supported their dignity and independence.
- Care plans documented what people could do for themselves and where they required staff support. Guidance was available for staff on how to encourage people to complete their own care tasks and how to become more independent, for example, washing and dressing.
- Staff understood the importance of maintaining confidentiality and people's personal information was stored securely.
- We observed people move around their home freely and spend time in their bedrooms if they chose to do so, whilst staff discreetly remained available if they needed assistance.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were receiving a personalised service that was responsive to their needs and preferences and staff worked in a flexible way facilitate this. A professional told us, "Their whole approach to care planning in that they are person centred, empowering, effective communicators which is integral to building trusting relationships, and their flexibility in their approach allowing for fluctuations in care to ensure that the placement is a success."
- Care plans had been created and updated based on assessments of people's care needs and observations of people's daily routines, preferences and interests. Care plans were exceptionally detailed in providing staff guidance on how to support people to learn new life skills in daily living tasks.
- Staff and the management team demonstrated a good understanding of people and were responsive to changes in their needs. A staff member told us, "We have regular team meetings, daily handovers where we discuss changes in care plans, people's needs and risk assessments."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider followed the AIS. Information was adapted to different formats to suit people's communication needs, such as easy read and pictorial versions of important information.
- People using the service were non-verbal. Staff used a variety of ways to communicate with people such as Picture Exchange Communication System (PECS), gestures, sign language or objects of reference. For one person, through consultation with their family and staff observations staff had documented what the person's various physical cues indicated as regards their care preferences and choices.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff supported people to maintain contact with relatives. One relative told us, "Throughout the pandemic I was kept informed and updated on my daughter's health and well-being."
- Activities had been adapted during the COVID-19 pandemic due to regular community-based activities not always being available. For example, the provider purchased a trampoline for one person as they were no longer able to do this activity in the community. A professional told us, "Midco Care provides person centred activities for clients and stimulation tailored to the needs of the clients." A second professional told us, "They ensure [Person] is able to access the community. They have provided a sensory room and consider

activities they enjoy."

Improving care quality in response to complaints or concerns

- The provider had a complaints process and relatives told us they would know how to raise any concerns if they needed to. One relative told us, "I have no complaints, but if I have to raise a concern, I am sure they will deal with it seriously."
- One relative raised a concern with us on the inspection. We discussed this with the registered manager who provided assurances around how they managed the concern initially. They also advised that they would further discuss the concern with the relative involved.

End of life care and support

- The service did not routinely provide end of life care. We discussed with the management team around supporting people and their families to discuss this if they wished to do so.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The leadership and culture supported person-centred care and good outcomes for people.
- Professionals, staff and relatives praised the way the service was managed. One professional told us, "I think the service is managed very well, this is due to the great communication, the competent and caring staff and their approach to support." A relative told us, "I would recommend them as a good service."
- Our observations were that people were leading full and active lives. There was an open and positive culture and people appeared relaxed and comfortable in the company of staff and each other.
- Staff were friendly, patient and spoke warmly of the people they cared for. Staff knew people's care needs well. One staff member told us, "I would recommend the service as a good service; they try to keep both people and staff happy."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- There were clear and effective governance arrangements. Staff understood their roles and responsibilities and the registered manager understood and met their legal responsibilities including the duty of candour.
- Management systems were effective in identifying shortfalls in the quality of the service and driving improvements. For example, audits of care records identified that daily care records were sometimes lacking detail. At the time of the inspection, this was being addressed with staff.
- The provider had a structured approach to quality assurance. This included a range of effective audits which were used to improve people's care and support, for example, medicines audits and regular spot checks. The findings from all quality assurance processes contributed to the overall service improvement plan.
- The culture of the service supported learning. Staff had access to training and information to support their practice and records confirmed that.
- The management team had daily oversight of care delivery as a result of the electronic care records system. If care tasks or a medicines record was not completed, an alert was sent to the office staff, who could immediately follow up and investigate with the care worker. People's care was being monitored live which enabled the provider to be responsive to any issues with people's care delivery and to address them immediately.
- Throughout the inspection we gave feedback to the management team and clarification was sought

where necessary. They demonstrated a willingness to learn and reflect to improve the service people received as a result.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Regular team meetings took place which were used as a learning opportunity to raise awareness of important topics and individual people's care. One staff member told us, "We are kept updated on changes in team meetings, these have been mainly online via Zoom."
- Staff spoke of a supportive management team where they felt valued and supported. One staff told us, "Staff morale is good. Management is approachable and they listen."
- As cited throughout this report, the provider had a good working relationship with other health services to work towards promoting good outcomes for people. A health professional told us, "Midco Care have a very good management team... [they]are very proactive, they are people oriented, sees to the needs of clients and always go extra mile to ensure client's needs are being met adequately"
- The management team had systems in place to obtain feedback from people, families and professionals. We discussed with the management team how they would seek regular feedback from families where they had not returned annual survey responses.