

Midland Care (UK) Ltd

Midland Care (UK) Ltd

Inspection report

19 Woodlands Road
Sparkhill
Birmingham
West Midlands
B11 4EH

Tel: 03301111327

Date of inspection visit:
06 May 2016

Date of publication:
23 June 2016

Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Good 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

This inspection took place on 6 April 2016 and was announced. We last inspected this service on 16 October 2013. At that inspection we saw that the service was meeting all the regulations we assessed.

Midland Care (UK) Ltd provides a domiciliary care service to people in their own homes. There were 20 care packages in place at the time of our inspection.

There was a registered manager 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 leadership and culture of the service was to provide a high quality and personalised support to people. Staff were well trained and supported to provide the best possible care to people.

People and their relatives were consistently complimentary about the kindness of staff, feeling involved in their care support and wanting to continue to receive a service even after there had been a break due to, for example, hospitalisation. People described the staff as going 'over and above' their roles to provide a good service.

People were happy that they received care and support from staff that they had got to know and recognised as their regular staff. People told us they had never had a missed call and staff attended the calls at the appropriate times and often stayed longer than they were supposed to.

People received care and support from staff that knew their needs and were able to meet all their physical, emotional and cultural needs.

People were protected from harm because there were systems in place to identify and manage risks associated with their needs. Staff were able to recognise concerns of abuse and harm and knew what actions to take to keep people safe.

People were supported by staff had been checked to ensure that they were suitable to work with people and that had received training to ensure they had the skills to meet people's needs.

People were involved in identifying their needs and arranging how they were to be supported.

People and their relatives told us that the service was responsive to their needs and they were continually asked for their views about whether their service could be improved. Systems were in place to ensure that the registered manager was in regular contact with people so that they knew if staff were providing the care

they needed.

The registered manager had developed links with the wider community and people were supported with help that they were not always contracted to receive. For example, people were supported on day trips and to access their human rights such as the right to be involved in the election process.

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.

People were protected from harm staff were able to recognise abuse and take the appropriate actions to raise concerns.

Risks to the health and safety of people were known by staff so that they were able to provide safe care and support.

There were sufficient numbers of safely recruited staff to ensure that people's needs were met safely.

People received support to take their medicines as prescribed.

Is the service effective?

Good ●

The service was effective.

People received effective care and support by staff that recognised them as individuals and that worked together to meet people's needs and expectations.

Staff were provided with on-going and appropriate training, support and supervision to provide good care.

People were supported by staff that ensured people were involved in decisions about their care and their human and legal rights were respected.

People were supported people with their dietary needs and the service worked with other professionals to ensure that people maintained their health and wellbeing.

Is the service caring?

Outstanding ☆

The service was caring.

People and relatives and other praised the staff and registered

manager for the care and kindness shown and valued the positive relationships they had with them.

Management and care staff had an excellent understanding of people's needs and wishes and consistently went the extra mile to communicate with them effectively to promote choices and independence.

People received a personalised service that ensured their privacy and dignity and that had resulted in a high quality compassionate service.

Is the service responsive?

Good ●

The service was responsive.

People received a personalised service that was planned with them.

People's care was kept under continual review and the service was flexible and responsive to people's individual needs and preferences.

Staff responded when people's needs changed and were able to provide a flexible service that met their needs.

People were actively encouraged to give their views on the service they received as a part of driving improvement.

Is the service well-led?

Outstanding ☆

The service was very well-led.

The registered manager promoted strong values and a person centred culture that was visible at all levels of the service.

Staff were highly motivated and proud to work for the agency and were continually supported and developed to provide high quality personalised care.

Quality assurance systems and community links ensured that the service delivered support in line with current best practice with people at the heart of

the service.

Midland Care (UK) Ltd

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 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 inspection took place on 6 May 2016. The provider was given 48 hours' notice. We did this to ensure the registered manager was available to meet with us and provide access to records. The inspection was carried out by one inspector.

As part of our inspection we reviewed records held by CQC which included notifications and other correspondence we received. A notification is information about important events which the registered person is required to send us by law. The provider also completed a Provider Information Return (PIR) before our inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information to plan our inspection and ensure that any areas of concern were looked at.

Along with the PIR, the provider sent us a contact list of people who used the service, their relatives, staff employed and other professionals involved with the service. Using this information we sent out questionnaires to a range of people. We received responses from five people, one relative, two staff and three community professionals.

During our inspection we went to the service's office and met with the registered manager. We also we conducted telephone interviews with three people who used the service and received information via email from one relative. We also undertook telephone interviews with two care staff and email contact with two others to seek their views on working with the service. We reviewed a variety of documents which included two people's care plans, four staff files and other records relating to the management of the service including complaints and audit carried to monitor and improve the service provided.

Is the service safe?

Our findings

People were safeguarded from the risk of abuse because there were good systems in place. All the people and relatives we spoke with or received written information from said people who used the service were safe. One person told us, "Definitely we feel safe."

Everyone that responded to our surveys told us people were kept safe. Staff told us that they knew what actions to take if they had any concerns about people's safety. Staff told us that they would have no hesitation in reporting any concerns they had to the office or if necessary to outside agencies including the police, the local safeguarding team or CQC. One staff told us, "My first point of call is the manager. He has the numbers to raise the concerns with the social services." We asked the member of staff who they would report to if they felt the registered manager was not listening. They told us, "He would never ignore things, he always dots the I's and crosses the T's but we have the number for CQC if we want to raise any concerns." Staff spoken with were able to describe the different types of abuse and the signs and behaviours of people that might suggest that they were suffering abuse. Staff told us and records showed that they had received training in protecting people from abuse. The registered manager understood their role and responsibilities with regard to safeguarding procedures and was aware of the procedures for raising any concerns. No safeguarding concerns had been raised about the service.

People were protected against the risks associated with the care they received because risks were assessed and management plans put in place to minimise the risks. One person told us, "They [staff] look at the home and equipment so that staff can assist us safely." One staff member told us, "All service users have manual handling and health and safety risk assessments which I read and follow. If I notice anything which is not in the risk assessment I will report it to the manager to update the risk assessment. When the manager has reviewed and updated the risk assessment he informs me that the service user's risk assessment is updated and I should read and sign it to say I have read it." The PIR told us and records showed that at the start of every new care package a detailed assessment of people's needs was completed. This included assessing any risks associated with people's needs, the environment or equipment used. Where people had mobility needs, we saw that an additional moving and handling risk assessment had also been completed. Risk assessments were kept under ongoing review and checked at monthly visits carried out by the registered manager. Staff confirmed they had access to the care records and understood the importance of reporting any new risks to the office.

There were emergency procedures in place to ensure people were protected. People told us the information they received when their service started had the office number included. Staff told us that there was always someone available for advice and support at the end of the telephone. Staff told us and notifications we had received from the registered manager showed that there were systems in place for reporting accidents and incidents.

People received safe and consistent support from sufficient numbers of regular staff. One person told us, "It's more or less the same staff. It is only different if she [staff] is on holiday or something." Staff told us that there sufficient numbers of staff available to meet people's needs. Staff told us they had a regular rota and

there was a team of staff for each person. One person told us, "We have a set timetable for every day. Having regular carers mean they [people] know who is coming and I know how they like things. I know their preferences and likes and dislikes." The registered manager told us and staff confirmed that there two or three staff that were introduced to people so that if the regular staff was not available people were supported by someone they already knew. The registered manager told us and people confirmed there had been no missed calls. We had not received any concerns that any calls had been missed. We looked at the daily records of care provided to people to see if they had received their calls at the agreed times. The registered manager told us that there was a 30 minute leeway from the local authority but as an organisation they tried to meet all calls within 15 minutes of the agreed time. People told us staff arrived at the about the times agreed. We saw that this was generally achieved.

There were safe and robust recruitment procedures to help ensure that people received their support from staff of suitable character. Staff told us and we saw that staff files had all the required information, such as a recent photograph, full employment history, references and a Disclosure and Barring Service (DBS) check. DBS checks identify if prospective staff had a criminal record or were barred from working with people who use care and support services. One staff member told us, "My CRB [now known as DBS] checks were done, my references, proof of my identity and any training I had previously were also checked."

There were good systems in place to safely support people with their medicines. One person told, "They [staff] ask if I have taken my tablets", Another person told us "They always record everything in my book." Staff told us that most people did not require support when taking their medicines but required prompting to take them. One staff told us, "We sometimes have to help people to apply creams to stop their skins becoming dry." Where people needed to be prompted, their care records contained details of the prescribed medicine and any side effects. Staff recorded each time a medicine had been taken by the person. All staff had been trained in the safe administration of medicines and the agency had clear policies and procedures for them to follow. The PIR told us that no medicine errors had been identified during the past 12 months.

Is the service effective?

Our findings

People felt supported by knowledgeable and skilled staff to effectively meet their needs. All the people that responded to our questionnaires told us that the staff arrived on time, stayed for the appropriate time and received care from familiar, consistent, regular staff. People spoken with told us, "They [staff] come at the times agreed and needed. They've never missed a call."

Each staff member was given a handbook which outlined their roles and responsibilities and what was expected of them. This helped to ensure that staff were aware of the values of the service and provided support in accordance with best practice guidelines. Staff demonstrated to us how people were involved in deciding how and when they received care and support. One member of staff told us, "I will ask them what they like to eat, drink, what clothes they like to wear and I respect their choices. I always communicate with service users before I start the call to know their choice and support them as they like. I encourage them to take part in their care and let them do what they can do and support them as they need." Staff and management showed in their comments to us that people were at the centre of the service they provided.

Relatives said that the staff had the skills and knowledge needed to provide effective care and support to their family members. The relative of someone who had received a service commented, "The [staff] team were always efficient, making sure that everything got done in a timely manner, whilst not rushing my [relatives] either. I cannot speak highly enough of the team – they went above and beyond the care of duty in looking after my [relative]." Comments from a community professional who completed a survey reflected these comments.

Staff told us that they received the training they needed to carry out their roles. This included induction training based on the requirements of the Care Certificate before they started to work alone. The Care Certificate is a nationally recognised set of standards that health and social care staff should adhere to in order to deliver caring, compassionate and quality care. Staff told us that their induction training included a four week period of shadowing experienced staff. During this time, they were given sufficient time to observe care practices, read people's care records and familiarise themselves with people's needs. Staff told us their practices were assessed before they were able to work alone. This had helped to provide them with the necessary skills and knowledge to support people effectively.

Staff told us and the PIR told us that a variety of ongoing training updates were provided. This included generalised training in first aid and safeguarding people and training to meet people's individual needs such as palliative care (care for people at the end of their lives) and catheter care.

Staff received support to carry out their roles through supervisions, spot checks, observations of their work and staff meetings. Spot checks are checks made by senior staff on an unannounced basis to see if staff arrive and leave at the appropriate times and wear their badges and uniforms. Observations of staff practices were carried to check if staff involved people in their care and if the tasks were carried out in line with care plans and risk assessments in place. Supervision records showed that issues of practice and attendance were discussed with staff if any issues had been identified.

People told us that staff routinely asked for their consent before providing care. One person told us, "They [staff] always make sure I am happy with what they are doing" and "They always ask before they do anything." Discussions with staff highlighted that they recognised the importance of gaining consent from people and doing so was automatic to the way they delivered care. One staff told us, "I always give choices. I ask people if they want to get up and if they want to sit in a chair or stay in bed."

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. Staff told us they had received training in the Mental Capacity Act (MCA) 2005 and understood about acting in a person's best interests. They respected people's rights to make choices for themselves and encouraged people to maintain their independence. For example, one staff told us, "If someone said they didn't want to eat and drink something I would go and do some other tasks and then come back and ask if they wanted anything to eat. If this happened at the next call I would try and encourage them to have something and inform the office. If they continued to refuse food the office would contact the relatives."

Staff understood mental capacity assessments could be undertaken to identify if a person could make their own decisions if they had any concerns. One staff told us, "The MCA is about giving people a choice, everyone is an individual. Some can make big decisions some people can make small day to day decisions or they can they make it one day but not another day. Advocates and families can be involved to help them make decisions. I would tell [manager] if I noticed something wasn't right." This meant staff understood people's rights to make choices and the action to take if someone's mental condition deteriorated.

The law requires the Care Quality Commission (CQC) to monitor the operation of Deprivation of Liberty Safeguards (DoLS). This provides a process to make sure that providers only deprive people of their liberty in a safe and correct way, when it is in their best interests and there is no other way to look after them. Community professionals told us the manager's and staff understood their responsibilities under these regulations. No one was currently under the court of protection or had any of their rights to liberty and choices restricted.

People told us that staff always gave them choice with their meals and respected their choices. One person commented, "They always ask if I want something to eat and provide it." Staff told us they always offered people choices of food and drinks and left drinks and snacks for people to have between calls.

The PIR told us that as and when any health problems were identified medical help was organised. One person told us, "You can ring them up [office] and they will either take you to the doctor or arrange for the doctor to visit." Staff told us if they identified an area of sore skin developing the person's family or district nursing staff would be contacted and they would follow any actions, such as applying any creams, to prevent skin damage. The registered manager was proactive in supporting people to get any equipment they needed by contacting the occupational therapists for assessments.

Is the service caring?

Our findings

People received care and support from staff that knew and understand their history, likes, preferences and needs. We saw that people were very happy with the care and support they received. One person told us, "They [staff] are very good. They will help with anything. They will do things in their own time too." One relative told us, "Unfortunately towards the end, [relative] needed a lot of assistance with eating and personal hygiene needs – but nothing was too much trouble for any of them [staff]." They went on to say, "Looking after a loved one is a hard job and I also needed a break sometimes. I knew that when I did go away that mom and dad would be safe in [registered manager] team's hands and never worried what was happening at home – I knew it would all be fine. If anything they would stay a little bit longer if I was away – just to be sure that everything was OK." People that completed surveys told us that they were happy with the care they received and that the staff were kind and caring. People told us that they were introduced to the staff that would be supporting them so they always knew who to expect at their front door.

People and relatives told us that staff were caring and compassionate. One person said, "They look after me and help me." A relative told us, "They [staff] displayed levels of compassion and care that are hard to find in this modern world and took care of my [relative] as if she were their own. For that I am forever indebted to them." Another relative told us about their family member's main staff, they said, "He is amazing. Nothing is too much trouble. I can rely on him 100% and that makes life so much easier for us."

Staff were very positive about the service and the relationships they had developed with people. We looked at the staff rotas for three care packages and found these demonstrated that where possible, the service ensured people saw the same members of staff to allow them to build relationships and so that staff gained an understanding of people's strengths and needs.

People benefitted from the time and effort that the service invested in building positive and caring relationships with people. The registered manager was passionate about providing an outstanding service and it was clear that this enthusiasm and drive was effectively shared with all the staff employed by them. Care workers were proud of working for the service. Staff had a genuine commitment to people's wellbeing. One person told us, "They [staff] are very friendly and never make you feel that you are a burden. They make you feel good and nearly always stay over the time allocated." One of the compliments received by the service said, "The 'Light' in the dark tunnel, was Midland Care- who worked effortlessly and tirelessly to give my mother the care that she so desperately needed- they become an extension of our family, and I will never forget their kindness and help in our darkest hours."

We saw that people that received a service and their relatives were valued as members of the community where their individual backgrounds and views were valued. The registered manager and staff recognised that it was important to people's wellbeing to enjoy leisure time and celebrations with friends and relatives. We saw that people and their relatives were invited to attend the Christmas celebrations with staff. The registered manager described how the service had supported people to enjoy day trips out with relatives by arranging for care workers to join them on the trips to see the Christmas lights and invited relatives to join in a Christmas party with staff. We saw people had been informed about these activities in one of the

newsletters sent to people. Some of this support was done on a voluntary basis by staff and some was carried out in conjunction with a local day centre.

The registered manager told us that people had been invited to sit on recruitment panels but they had not wanted to be involved so people from the local community, such as the local councillor had been involved. The councillor confirmed that they had been involved in the recruitment process.

We saw that in the most recent newsletter sent to people from the service informed them that the service would support them with transport to exercise their rights in the European Union Referendum. People had been supported in previous elections to exercise this right. This helped people to maintain their links with the community and to continue to feel to be a member of the community who was valued and whose rights were respected and promoted.

People told us that staff were respectful to them and their family members. One person commented, "They [staff] are always respectful." Staff understood the importance of treating people with dignity and respect and that gaining people's consent and talking to them about the care required, people were enabled to remain in control of their personal care. One staff told us, "I always respect people's wishes and always tell them what I am doing so that they feel comfortable." Relatives told us that people were always treated with respect and their dignity maintained. The PIR told us that people were asked during monthly reviews if staff were treating with care and respect by gaining people's consent. For example, one staff member told us, "I always ask if they are okay with what I'm doing and giving them choices. It is important to constant talk to people about what you are doing." Staff we spoke with understood what privacy and dignity meant in relation to supporting people. They gave us examples of how they maintained people's dignity and respected their wishes. One staff member said, "I always knock on doors, close curtains and doors and I keep all personal information confidential and share only on a need to know basis."

People told us that they felt that staff helped them to maintain their independence. People told us that they and their family members, if appropriate; were involved in making decisions and planning their own care. This meant that staff respected people's choice, autonomy and allowed them to maintain control of their care and support. One person told us, "They [staff] take me to the bathroom but wait outside until I'm ready to be helped." Staff told us they always supported people to remain independent by carry out tasks they could do such as washing the parts of their body they could reach and assisted with the parts they could not reach.

People commended the service for providing care in a way that met their needs in the way they wanted. We saw examples of people who asked for the agency to bid for their care packages after an individual had gone into hospital as the family did not want any other agency to provide care. For example, one relative told us, "Unfortunately after a re-assessment (after my relative was hospitalised), bureaucracy set in and we were unable to use their services any longer. My [relative] was distraught and after several months of complaining, I had to give in to the powers that be and reluctantly agreed to another firm to look after my [relative] – but if I could alter things now I would have them back tomorrow." We were told by relatives how the registered manager had supported two family members for as long as possible during the last days of their life and until their needs meant that they needed twenty four hour nursing care. This had enabled people to remain in their own homes for as long as possible.

Is the service responsive?

Our findings

People's care and support was planned in partnership with them. People felt in control of the care that was delivered and praised the care they received. One person told us, "The carers know what I like and how I like things done." Another said, "She [staff] pretty well knows what I like." Assessments were undertaken to identify people's support needs and the information obtained was then used to develop a plan of care that outlined how those needs were to be met. Care plans provided detailed information to guide staff and ensured consistent delivery of care. People confirmed that copies of their care plan were kept in their own home and staff confirmed that they had access these. Staff told us that when a new package started the registered manager ensured they had all the information they needed to deliver appropriate and personalised care. They were never expected to support people with the required information. The registered manager told us, and people confirmed, that he always ensured that staff were introduced to people new to the service so that they knew who to expect to provide their care and support.

Care workers demonstrated that they understood the importance of providing flexible support and commented that they adjusted the level of support for people in accordance with what they wanted. For example, if people's needs changed the registered manager reviewed the care package and negotiated an increase for people so that their needs were adequately met. The provision of effective care planning along with regular and skilled staff and a flexible service meant that people always received support that was personalised and responsive to their changing needs.

The registered manager described how the service was flexible and able to meet people's personalised needs. We were told and records showed that there was a multi-cultural staff team available from a variety of cultures and with a variety of linguistic skills to reflect the needs of the community. Both male and female staff were available to meet any requests for support from staff of a particular gender to meet people's needs. Records showed that one person had requested only male staff and there were sufficient male staff available to be able to provide this service when requested. Staff told us they were able to provide meals to a particular person that were culturally appropriate if needed so that the individual was able to have the meals they were used to.

Care reviews were ongoing and management and senior staff had constant oversight of the care people received. They provided us with examples of the changes they had made to people's care delivery, either by advocating on behalf of people to have their care packages increased in the number or length of visits when people's dependency was higher or by reducing support as people became more independent. The registered manager was also hands on in delivering care to people and as such had excellent knowledge about all the people supported by the service.

The registered manager told us and records confirmed that people were visited on a monthly basis to review that the support being provided met their needs and that people were happy with the service they received. The registered manager told us that he had discussed with some people that he would like to increase this to twice a month but feedback had been that it would be too much so he was re-evaluating this based on the comments he had received.

People were aware of the complaints policy and procedures in place and the few that had used this confirmed that their issues had been resolved quickly and to their satisfaction. People told us they felt able to raise any concerns they had knew it would be dealt with promptly. The registered manager and senior staff spoke regularly with people and their relatives and this had developed good and long lasting relationships. Concerns received were recorded and records showed that they were dealt with in an open and transparent way to people's satisfaction. This was reflected in people's confidence in raising any issues at an early stage. We saw that lots of compliments had been received by the service.

The registered manager told us about ways in which they had gone over and above what they were contracted to provide. For example, they had supported the relative of someone that received support from the service to successfully claim for a blue badge that they had been refused several times. This was by supporting them to attend an assessment centre and complete the required paperwork. In addition they were supported to apply for a carers grant. For another relative who had been discharged from hospital without any care package the registered manager contacted the rapid response team to arrange a care package and contacted the social worker for an assessment. In the meantime arrangements were made for meals on wheels to be provided. The person currently received two calls a day from the agency but was also provided a lunch and tea call, free of charge, when staff attended his relative's calls for lunch and tea time.

Is the service well-led?

Our findings

There was a registered manager in post who had fulfilled their legal responsibilities in sharing the required information through notifications that registered managers are required to provide. He had several years of experience providing hands on care to people in a variety of settings and had created a positive culture which placed people at the heart of everything the service delivered. When we spoke with the registered manager he showed he had a clear understanding of the focus of the service, based on providing people with the best care possible. The culture of the service was to provide an excellent service to the individual whilst also supporting other family members to ensure their rights to receive services were maintained. For example, we were told about actions they had taken when they had supported the relative of someone that they supported to access a service too because their needs had increased. This showed us that people who received care and support benefited from a management team that had a positive sense of direction, strong leadership and a sustained track record of delivering good performance and managing improvement.

The management style was one of hands on leadership. It was the registered manager's policy that he assessed people's needs when they joined the service and ensured that he visited people on a monthly basis to monitor and ensure that a good quality service was provided. People confirmed that the registered manager visited them on at least a monthly basis. The registered manager also regularly undertook care work themselves in order ensure they were familiar with the people they supported and understood the service provided and any difficulties experienced by staff. Care workers commented that there was good team work ensuring that people received the care and support they needed and that the registered manager was a good listener and did everything he could to improve things. All the people we spoke with were more than happy with the service they received and we saw that relatives had taken actions to ensure that they were able to have the same service when there had been a break in their service. People told us they knew who the registered manager was and were able to contact him when they needed to. People told us that if they raised any concerns about the service the manager spoke with them personally to resolve the issues as quickly as possible.

Staff were motivated to continually improve. They told us that the service enabled them to deliver the care people wanted. One staff member told us, "This is the best company I have worked for. I've worked for a few but none of the others compare." Another member of staff told us the registered manager supported them to achieve qualifications and showed recognition by publicising the fact that they had achieved these. The registered manager told us he was supporting staff to develop into management by providing opportunities for his staff and managers of other organisation who were setting up to shadow him.

We saw that the registered manager (who was also the owner of the service) was an excellent role model for staff. They had worked hard to develop and sustain a positive and open culture with staff and people that used the service. Records we hold showed that the registered manager was open in informing us about any accidents and incidents that had occurred with people they supported. Records of complaint investigations showed that the registered manager was open and honest with people and was meeting the requirements of the duty of candour. This is a duty on registered managers to be open and honest with people when things do not go as planned.

The registered manager had recognised that there were opportunities to increase the size of the agency. However, he had made a positive decision to not do so as it may compromise his ability to remain hands on and involved on a personal level with all the people that received a service. This had resulted in excellent relationships with staff, families and people that received a service where people felt able to voice their concerns no matter how small and they were and were assured that they would be dealt with personally by the registered manager. Midland Care (UK) Ltd held the Investor in People Award (IIP) for two years and had achieved an award from The Midland Asian Community Achievement Award (MACAA) for delivering best services in the community in November 2015. Midland Care (UK) Ltd had also received a certificate as having been listed as finalists for the Excellence in Support Service Award 2016 which is organised by Birmingham City Council and West Midland Care Association. This showed that other organisations had recognised that an excellent service had been provided on a consistent basis.

We saw that extra efforts were made to keep people informed about what was happening within the service and the community. A regular newsletter was sent to people that received a service and this asked people for comments about the service as well as telling them about upcoming celebrations such as Eid, Diwali and Christmas. The newsletter was used to advise people that there was a possibility of some calls being delayed at these times but that they would still be within the 30 minutes leeway the service were given by the local authority but that they [people] would be contacted if their call was likely to be delayed.

Without exception, people and their relatives all spoke very highly of the way the service was managed. One relative told us, " The company is well run by [registered manager] always ensuring that the necessary paperwork is completed and always checking with me to ensure that I was happy – I was never not happy!" and, "I have no hesitation in recommending Midland Care to you at all – they are a shining example of how a good care company should be run."

Without hesitation people told us that they had and would recommend the service to other people and we saw examples where families had fought against decisions by funding authorities that meant that they were unable to receive care from Midland Care (UK) Ltd. Professionals praised the competency of the management and the openness and quality of communication.

The service had systems in place to ensure the management team had robust oversight of their dispersed work force. This included spot checks on staff, observations of staff providing care, review meetings with people that received a service, customer surveys, staff meetings and the installation of an electronic logging in system that notified the registered manager of the times staff attended their calls.

Staff were motivated and enthusiastic about their jobs and felt fully supported by the registered manager. Staff expressed satisfaction with their work because the service enabled them to provide high quality care that they could see and were recognised for their achievements. For example, staff that had achieved recognised training awards were featured in the agencies newsletter and best carer awards were awarded internally by the registered manager.

It was clear from staff records that the service did not tolerate the employment of people who did not deliver care to the high standards expected. There were clear processes in place to ensure staff were managed effectively if any concerns about their practice were ever raised.

The registered manager told us ways about ways in which he was involved in other organisations to ensure that the service continued to provide a service based on current best practices. We were told that he was a member organisation of BCDA (Birmingham Care Development Agency) and he attended regular meetings for updates and met with other managers and attended training sessions. Midland Care (UK) Ltd is member

Organisation of QCS (Quality Compliance System) which supports services in ensuring they had the appropriate policies and procedures to ensure that a good quality service was provided. This showed that people could be assured that the service was constantly considering if they were working to recent good practice guidelines or how they could develop to meet new guidance and regulation. In addition, Midland Care (UK) Ltd was a member organisation of the West Midland Care Association where they received advice and support to improve their services. It was evident that good links had been developed in the local community including schools and day centres so that mutual support could be provided.