

Midlands Total Care Limited

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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?	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

Midland Total Care Limited is a domiciliary care agency providing care and support to people living in their own homes. At the time of our inspection, there were 12 people using the service.

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. 11 people were receiving personal care at the time of inspection.

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

We could not be sure that training and induction undertaken by staff met Care Certificate Standards. We have made a recommendation about the training and induction offered to staff working at the service.

People received safe care and were protected against avoidable harm, abuse, neglect and discrimination. There were systems and processes in place to safeguard people from potential harm. Staff completed training about safeguarding people from harm and knew how to report abuse.

There were enough staff to meet people's needs safely. People were supported by staff who knew them and their needs well. The provider had safe recruitment practices in place to ensure people employed were suitable to work at the service.

Medicines were administered safely by trained staff, and records that were completed were accurate.

Where the provider took on the responsibility, people were supported and encouraged to maintain good nutrition and hydration.

People told us they were treated with respect and kindness when receiving care from staff.

People were involved in the care planning and reviews of their care. The provider had a complaints procedure which was accessible to people using the service. There had not been any complaints received at the time of our inspection.

The registered manager and provider understood their responsibilities and worked in an open and transparent way.

The provider conducted regular checks to ensure any issues were found and resolved.

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.

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

Why we inspected

This service was registered with us on 5 February 2021 and this is the first inspection

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Midlands Total Care Limited

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 Health and Social Care Act 2008.

Inspection team

This inspection was carried out by one inspector.

Service and service type

Midlands Total Care Limited is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

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 10 March 2022. We visited the location's office on 10 March 2022.

What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

What we did before inspection

In planning our inspection, we reviewed information we had received about the service. This included any notifications (events which happened in the service that the provider is required to tell us about) and feedback from the local authority.

During the inspection

We spoke with two people that used the service, and three relatives of people using the service. We spoke with 2 staff members and the registered manager. We reviewed a range of records. This included three people's care records and risk assessments. We looked at two staff files in relation to recruitment and staff supervision. We reviewed a variety of records relating to the management of the service, including training records and quality assurance records.

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 of 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

- People felt safe using the service. People and relatives told us they felt care was delivered safely by a consistent staff team.
- Staff knew how to recognise abuse and protect people from the risk of abuse. They understood how to report any concerns if they needed to by following safeguarding or whistleblowing procedures.
- The provider had systems in place to safeguard people from abuse and knew how to follow safeguarding protocols when required.

Assessing risk, safety monitoring and management

- Risks associated with people's care, support and environment had been assessed and records provided guidance to staff on the measures needed to reduce potential risk. This included assessments on skin care, mouth care, nutrition and the risk of falls.
- Assessments were reviewed and updated as required, and staff we spoke with had time to read through documents to ensure they were up to date.

Staffing and recruitment

- Suitable recruitment procedures were in place. Pre employment checks had been carried out such as identity checks, right to work checks, and disclosure and barring (DBS) checks. DBS checks are background checks to help employers make safer recruitment decisions.
- There were enough staff to meet people's needs. The service was small, and the registered manager and nominated individual conducted care calls, as well as a small staff team.
- People told us staff usually arrived on time. One person said, "I get a phone call if anything needs to change." The provider had purchased an electronic care planning and staff call logging system, but this had yet to be implemented. Direct feedback from people was sought by the provider to check on staff timings.

Using medicines safely

- Systems were in place to ensure that medicines were safely administered by staff who were trained to do so. People told us they were happy with the support they received with medicines
- Medication administration records were completed accurately.

Preventing and controlling infection

- Staff told us they had enough Personal Protective Equipment (PPE) to safely work within the service, and had been trained in infection control.
- People confirmed staff wore PPE including gloves, face masks and aprons when supporting people and

providing care.

Learning lessons when things go wrong

- The provider had systems in place to monitor incidents and accidents should they occur, so action could be taken to promote people's safety. The registered manager understood how to use the information as a learning opportunity to try and prevent reoccurrences.

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.

Staff support: induction, training, skills and experience

- Staff undertook training upon induction, but we were not assured this was of a sufficient standard. It is expected that the provider follow the Care Certificate Standards when providing training for staff. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- On induction, staff completed all training courses in one day. We spoke with the registered manager about how much content and quality each course could have, when so many were covered in such a short period of time. The registered manager said some additional training was completed, although this was not documented on the training records we received.
- The registered manager said this would be reviewed moving forward, to ensure the training offered was of a suitable standard.
- Staff we spoke with were knowledgeable, and we found no concerns around competency of staff working with people.

We recommend the provider consider reviewing the training and induction packages being offered, to ensure they meet the Care Certificate Standards.

- Staff told us the training they received was good, and prepared them for their role. They were not asked to conduct any tasks they were not suitably trained for.
- We saw records which showed that staff were regularly supervised by management, to monitor their work, provide support and feedback.

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

- People's needs were assessed by the registered manager before they started using the service to ensure the care provided met their needs and wishes. This information was used to form the basis of people's care plans. People and their relatives were involved in this process to ensure their needs were documented.

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

- The staff supported and encouraged people to maintain a healthy diet. Most people we spoke with were supported by family to prepare food, minimal support was required from staff in this area at the time of inspection.
- People's dietary needs and preferences were recorded in care plans and updated when required.

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

- The staff maintained contact with outside health professionals to support people with their health. For example, district nurses and occupational therapists were working alongside the staff to support people's ongoing needs.
- Care plans and records documented people's health requirements and other agencies involved in their care.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

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 , and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's mental capacity had been considered in line with guidance for relevant decision-making processes.

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

- The service ensured that people were always treated with kindness and their equality and diversity was respected. People and their relatives told us that staff were kind and caring towards them. One relative said, "They [staff] are respectful. I can't fault them. It is an extremely good organisation, they thoroughly fulfil my needs, very friendly approach."
- We saw a written compliment which said, 'I cannot tell you enough how amazing the new agency have been so far, the carers I have met are wonderful, [name] seems very happy with them all.' Another compliment said, 'I can't praise them enough. They are completely reliable, and when I ask at short notice for a changed routine, or something extra, they move heaven and earth to help.'
- The registered manager told us, "We see people more than their family sometimes, we have to give them the time they need and help them."

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

- People and their relatives were involved in the planning of their care.
- One person told us, "We sat and completed the care planning together."
- Everyone we spoke with felt able to express themselves and were in control of their own care.

Respecting and promoting people's privacy, dignity and independence

- People we spoke with confirmed that staff were respectful of privacy and dignity when undertaking care tasks within their home.
- People's personal information was stored securely at the office location. Staff were aware of keeping information safe and data protection.

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 felt that staff knew them well and understood their needs and preferences.
- One person said, "They [staff] are very accommodating. I had to change a call recently due to a hospital appointment. We needed support from very early in the morning, and at short notice, they changed the visit for us."
- The staff, including the registered manager and the provider, had an excellent knowledge of the people they were supporting, and had a person centred, flexible approach to care. The registered manager told us, "[Name] was due to go in to a care home, her family have told us that due to the care we have delivered, she is now managing well in her own home and will now stay there."
- Care plans documented people's individual preferences, likes and dislikes. For example, noting a person's preferred breakfast of 'Weetabix with jam on top' to ensure staff had the right knowledge and detail about people.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Information was provided in appropriate formats for people currently using the service and the registered manager was knowledgeable about other formats such as easy read or large print if this was required.

Improving care quality in response to complaints or concerns

- A complaints system and policy was in place, but no complaints had been made. The registered manager explained how any complaints would be dealt with formally, investigated, and responded to. People told us they knew how to make a complaint and were happy to do so if required.

End of life care and support

- No end of life care was required at this service. The registered manager was aware of the need to provide sufficient training in this area should it be required.

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

- People and their relatives told us they felt the service was well run, by a dedicated team, who supported them in the way they wanted. People told us they felt that positive outcomes were achieved, and that they received a flexible service.
- The registered manager and staff all spoke positively about the people they were supporting, and felt they had the time required to provide good care.

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

- Staff felt confident in their roles. One staff member said, "The registered manager is always at the end of the phone if I need anything."
- Staff told us the training and supervision in place enabled them to carry out their roles, and were confident managing risks and providing positive care. People we spoke with told us they felt staff understood their roles in caring for them, and appeared to be professional and well trained.
- The registered manager understood information sharing requirements, and knew that when concerns had been identified, appropriate notifications should be sent to the CQC and the local authority as required by law.

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

- The registered manager sought and received regular feedback from people using the service. We saw that feedback received was very positive towards the service. All the people and relatives felt their voices were heard, and had no problem contacting the management to discuss anything. One person said, "I have never had to make any complaints, but I wouldn't hesitate to call the registered manager if I needed to. They are very approachable."
- Staff all felt able to voice any concerns if required, and had team meetings where subjects could be formally discussed. We saw team meeting minutes that showed recent discussion on COVID-19 protocols, and training.

Continuous learning and improving care

- Audits and checks were carried out by the registered manager. However, documentation did not always

meet best practice in regard to recording of actions taken. This was highlight on the inspection with the registered manager who acted upon the feedback immediately. The provider was small, and the registered manager and provider both carried out care calls regularly, and had a good oversight across the whole service.

Working in partnership with others

- The provider worked in partnership with other professionals.
- Staff engaged with relatives and health and social care agencies to ensure people received care that met their needs.