Care Quality Commission

MidCo Care Limited

MidCo Care

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
MidCo Care is a domiciliary care service providing personal care to people living in their own homes. 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. The service was providing personal care to 19 people at the time of the inspection.

People's experience of using this service and what we found
People were protected from abuse and avoidable harm; staff had completed training in safeguarding and recognising signs of abuse. Risks to people were managed, such as medicines and infection control. People and their relatives told us they felt safe with the service. One person said, "I feel very safe, they're very good." A relative said, "One hundred percent safe, yes. We've had some great [care workers]."

Peoples' needs were assessed and person-centred care plans developed with them. Care workers had enough information to provide safe care for people. Staff had been recruited safely and attended training to prepare them for their role. Staff had access to policies and procedures to guide them in their day to day work. Care plans were monitored and reviewed regularly.

People and their relatives told us care workers were kind and caring. One person said, "Absolutely brilliant. Nothing is too much trouble for them." One relative said, "They are very kind. The other day after they left, they brought [relative] flowers. There's often flowers there."

The management team was committed to providing a high-quality service and worked in partnership with other professionals, such as the local authority. Managers carried out appropriate checks to ensure the quality of the service was continually reviewed and where necessary improved.

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

Rating at last inspection
This service was registered with us on 27/10/2020 and this is the first inspection.

Why we inspected
This was a planned inspection based on the timescales for unrated services.

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? The service was safe. Details are in our safe findings below.	**Good**
Is the service effective? The service was effective. Details are in our effective findings below.	**Good**
Is the service caring? The service was caring. Details are in our caring findings below.	**Good**
Is the service responsive? The service was responsive. Details are in our responsive findings below.	**Good**
Is the service well-led? The service was well led. Details are in our well led findings below.	**Good**

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MidCo Care

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
The inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type
This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager
This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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. At the time of our inspection there was not a registered manager in post. An experienced senior manager was overseeing the service.

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 the provider or registered manager would be in the office to support the inspection. Inspection activity started on 05 April and ended on 07 April. We visited the office location on 5 April 2022.

What we did before the inspection
We reviewed information we had received about the service, including notifications the provider must tell us about, for example safeguarding concerns. We sought feedback from the health and social care professionals who work with the service. The provider was not asked to complete a provider information

return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection.

During the inspection
We spoke with the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spoke with six other members of staff including the head of operations, quality assurance staff, coordinator and care workers. We received written feedback from five other staff members. We spoke with five people who use the service and five relatives about their experience of the care provided. We reviewed a range of records, including five peoples' assessments and care records. We looked at five staff files in relation to recruitment, training and staff supervision. We also reviewed policies, procedures, complaints and compliments.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at accidents, incidents and safeguarding data, meeting notes, training records and the service user guide.

Good

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 were protected from the risk of abuse. Staff told us, and records confirmed they had received training in safeguarding and knew how to spot signs of abuse and report concerns.
● The provider was alert to safeguarding concerns; records showed concerns were reported to the appropriate authorities and the management team cooperated with investigations. The provider had an up to date safeguarding policy in place.
● People and their relatives told us they felt safe. One person said, "I haven't had one carer make me feel unsafe or worried." Another person said, "No concerns at all. It's going wonderfully." A relative told us, "[Relative] is fine. They won't move [relative] unless they are happy to. They always make sure [relative] is safe."
● Staff were confident about reporting issues, knew how to report things and were certain appropriate actions would be taken. One staff member said, "I have reported concerns previously and they were dealt with quickly and efficiently."

Assessing risk, safety monitoring and management
● Peoples' care records contained detailed risk assessments to keep people safe. Risks to the environment had been considered as well as risks associated with peoples' health and care needs. For example, risk of falls or choking. Actions for care staff were documented, for example a person with a risk of falls needed to be reminded to use the walking aid provided. Risk assessments were reviewed regularly to ensure they were still appropriate.
● Risk assessments gave clear guidance to staff, detailing how to safely work with people in all areas, including medicines and moving and handling. Staff confirmed the care plans gave them enough information for them to support people safely. Staff had access to the electronic care system on their devices, which provided an overview of the care required. Staff marked tasks as complete at the end of the visit. Anything not completed required an explanation, reducing the risk of peoples' needs not being met.
● Some people and their relatives told us they used to have regular care workers, but now they have different people and they don't always know what to do. However, one person told us, "New carers always have one of the older ones showing them what to do. I like them. I look forward to seeing them." We discussed this with the provider; they were aware continuity of care worker has been a problem recently as a lot of staff left at the same time, but this was starting to improve with new recruitment. The provider's rostering system supported the service to allocate the same care workers by monitoring previous visits.

Staffing and recruitment
● There were enough staff deployed to provide safe care for people; absences were covered from within the team. The provider had run a successful recruitment campaign and new starters were going through pre-

employment checks and induction training. Recruitment was ongoing.
● The management team monitored care visits through their electronic system and were alerted if a care worker was late or if there were any missed calls. There had been no missed calls and people confirmed this. People told us care workers were punctual and stayed with them for the required amount of time. If care workers were running late, people and their relatives told us most of the time someone called them to tell them.
● Staff were recruited safely. Records were maintained to show checks had been made on employment history, references and Disclosure and Barring (DBS) records. The DBS helps employers make safe recruitment decisions and helps prevent unsuitable people working with people who use care and support services.

Using medicines safely
● Medicines were managed safely. Medicine administration records were completed electronically and were up to date. The system alerted the management team if any medicine had been missed.
● Not everyone needed help to take their medicines, some people just needed reminding, so they didn't forget. Some people needed full support with their medicines. One relative said, "They administer [relative's] tablets. It's all documented on their phones". Another relative said, "They prompt [relative] and [relative] takes them."
● Staff had received training in medicine administration and competencies had been assessed. Records showed training was up to date.

Preventing and controlling infection
● The provider ensured people were protected by the prevention and control of infection. Staff had received appropriate training to learn how to minimise the risk of infection spreading.
● People told us care workers always wore masks, gloves and aprons. One person said, "They are phenomenal. Once they have done something, they take them off and put another pair on." A relative said, "They wear [personal protective equipment] PPE all the time and have done since the start of Covid."
● The provider had an up to date infection control policy in place.

Learning lessons when things go wrong
● Care workers knew what to do if someone had an accident or an incident. Accidents and incidents were reported, recorded accurately and investigated; trends and patterns were analysed.
● Lessons learned as a result of incidents or accidents were documented and shared with the team through the electronic systems, at training sessions and during staff meetings. For example, new financial monitoring had been introduced following an incident.

Good

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
● A manager or coordinator undertook a full assessment of each person before commencing service. A summary document received from the local authority was used as the basis for the assessment. Details in the assessment were used to formulate and agree the plan of care with the person and if appropriate, their relatives. One person said, "They went all through it with me. Absolutely fantastic. I'm expecting it to be reviewed soon." A relative said, "I was there when they came to visit; I have got a copy of the care plan."
● Assessments and care plans included specific risk and needs, for example, mobility, sensory and dietary. People told us they received care in line with the plan and in the way they wanted.
● People told us they had been asked about gender preferences for people giving their personal care and said their preferences had been respected. One person told us, "When they asked, I said I didn't mind and up to now they have all been wonderful, not a bad one yet."

Staff support: induction, training, skills and experience
● Training records confirmed staff training had been completed in mandatory areas and some staff had received training in more specialist areas, such as dementia care. Staff received induction training, using a mix of classroom based, online and practical sessions. Staff confirmed they had received enough training to undertake their role.
● Care workers were completing the care certificate. The care certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
● People and their relatives told us most staff were well trained but acknowledged some of the newer care workers were still learning. One person told us, "They seem to know exactly what to do."
● Staff had supervisions and spot checks regularly and staff we spoke with said they felt supported by the management team. A person told us, "Sometimes somebody comes with the carer, they watch what the carers are doing". A relative said, "I think once [senior carer] came with one of the new carers to do a spot check when we were there."

Supporting people to eat and drink enough to maintain a balanced diet
●Some people received support to prepare meals and drinks to meet their nutritional and hydration needs. Others did not need any assistance in this area as they were either independent or received support from relatives.
● Peoples' care records detailed when a person needed assistance with food preparation and there were instructions for care workers in how this needed to be done and what foods to prepare. Some people required thickened fluids due to choking risks and this was clearly documented.

● People and relatives confirmed staff had enough information to support people with their meals where this was included in their care plan. One person said, "They do my breakfast. I always have the same thing, that's my choice."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● Staff knew people well and knew when to report issues to the office or management team. One person told us staff had contacted the district nurse and occupational therapist for them as they needed different equipment. A relative said, "They let me know first, then I call the doctor." Another relative said, "Any incident they always phone me quickly and notify me."
● Care records contained information about interaction with other health care professionals. For example, one care record documented a referral to occupational therapists to review equipment so the person could maintain their independence.

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.
● The management team were knowledgeable about the MCA and care records contained clear guidance for staff. Staff gave people choices and encouraged people to make their own decisions, for example, what to wear or what to eat or drink.
● Where people had capacity, they signed their own care documents and contracts and records showed people were not restricted.

Good

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 provider was committed to ensuring continuity of care by allocating regular care workers whenever possible. Recent high staff turnover had impacted on this to some degree, but the manager was confident recent new recruitment would help. One person told us, "I used to have two regular carers, it's quite a few different ones now." Another person said, "Unless there is a problem, I know who I'm getting each day." People told us they were aware of new recruits coming through.
- Staff knew how to respect people's equality and diversity. People and relatives we spoke with were positive about how they were treated and supported by the care workers. One person said, "They ask me what I want done. They are always kind and polite." Another person said, "They are good, they are nice and they help me." A relative told us, "They do everything they should be doing."
- The provider encouraged people to give their feedback about care. One person said, "[Staff member] is doing a really good job. Keep up the good work." Another person said, "Carers are excellent, I am really happy with the service."

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

- People were involved in their assessment and the development of their care plan. They were asked about their preferences, for example, if they preferred male or female care workers and preferred time for their calls. Where exact times couldn't be accommodated, this was discussed with the person and alternatives agreed.
- Staff told us they asked people before carrying out any tasks. People and their relatives told us staff always asked what they wanted to be done. One person said, "They arrive and ask what I can do. They respect me, I cannot moan about one carer that has come through my door."
- Staff worked closely with people and their relatives to make sure people got the support they needed. One relative said, "They say "hello, how are you?" and talk to [relative] and ask questions, for example, "what clothes do you fancy today?" Another relative said, "They always tell [relative] what they are doing."

Respecting and promoting people's privacy, dignity and independence

- People were supported to be as independent as possible. People told us staff encouraged them to do as much for themselves as they could. One person said, "I put my own dinner on in the evening, the care workers serve it for me and make me a drink."
- Staff treated people with dignity and respect and maintained their privacy. People told us they knocked before coming in. One person said, "They respect you; pull the curtains; it's as dignified as it can be." Another person said, "They are very respectful, they cover me with my towel." Relatives confirmed staff treated their loved ones with dignity and respect.

● Information held in the office was stored securely. Electronic records were held on secure, password protected computers. Care workers accessed care records on an electronic device, and access to records was restricted to those who needed the information to carry out their role.

Good

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

- Care was person centred and care records were developed in partnership with the person and if appropriate their relatives. People were given choice and control over how they wanted to be supported. For example, care plans recorded where people liked to eat their meals. Each person had a personalised care passport, which contained detailed information about likes, dislikes and preferences.
- Peoples' care plans were reviewed regularly. People told us the care was tailored to their specific needs. One person said, "I needed extra care; it's been reviewed and altered on the care plan." A relative said, "They were very quick to set up the new two-hour slot."
- Communication between people, relatives and care workers was mostly effective, although one person had a negative experience and told us it depended on which member of staff was in the office. Relatives told us someone informed them if they had encountered any problems of if there was an emergency.
- Technology was used to support peoples' needs. Staff used the system to log in and out of care visits which meant the time spent with people could be calculated and monitored. Staff recorded details of care provided during each visit, although these care notes lacked detail at times. We discussed this with the provider; they were aware of this shortfall and had plans in place to make improvements to the level of detail recorded. The company's trainer had developed a training programme on care notes and documentation which was being rolled out across the organisation.

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.

- Peoples' communication needs were recorded and understood by staff. Information was available and shared with people in formats which met their communication needs.
- The service user guide was given to each person receiving care and contained all relevant information about the service and what to expect. This guide was available in alternative languages and formats, for example, Large Print, Easy Read, Audio or on various coloured paper, if these were requested. The company had not had any such requests.

Improving care quality in response to complaints or concerns

- People told us they knew how to complain if they had any concerns, although most people hadn't needed to raise any issues. One person told us they had recently contacted the service about call times, and this has

been resolved. One relative said, "They do listen. We had an issue and they helped tremendously with that. They went over and above."

● Where complaints had been received, these were logged accurately. Investigations were thorough and complainants were responded to in a timely manner. Lessons learned from complaints were shared through written communications or during meetings.

● The provider's complaints procedure was clearly set out in the service user guide and gave guidance on escalation of complaints if they weren't satisfied with the response from the provider.

Good

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 management and staff team demonstrated a commitment to providing person centred care and there was a friendly, open culture. People told us the service was well organised and managed. One person said, "I haven't got a complaint at all, there is always someone there."

● Staff told us the management team were supportive and approachable. One staff member said, "They're open and honest." There was an on-call service to provide support and guidance to staff when the office was closed.

● People and relatives knew how to contact the service. One person said, "I called the office and they answered straight away." A relative said, "I've got the office number. If they are busy, I leave a message and they get straight back. They have a telephone manner that is very good."

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

● The Care Quality Commission (CQC) sets out specific requirements that providers must follow when things go wrong with care and treatment. This includes informing people and their relatives about the incident, providing truthful information and an apology when things go wrong. The provider understood their responsibilities, but had not needed to exercise their Duty of Candour in this service.

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

● Services providing health and social care to people are required to inform CQC of important events that happen in the service. This is so we can check appropriate action has been taken. The provider had correctly submitted notifications to CQC.

● The provider had an electronic care management system in place. This enabled the management team to monitor care visits remotely and produce quality monitoring reports. The system had the capacity to monitor start and finish times of care visits; the tasks completed and outcomes of each visit through the task list and the visit notes. Service quality was also monitored through regular telephone calls to people.

● The registered manager had left the service. An experienced operations manager was providing interim management cover and the nominated individual was active within the service, providing support on a regular basis. Recruitment for a new permanent manager had commenced and the provider was considering a range of recruitment methods.

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

● Some people had received satisfaction surveys and where these had been completed responses were generally positive. People told us someone from the office calls them sometimes to make sure everything is alright.

● The provider had meetings with staff regularly. These were group meetings and one to one supervision meetings. Meetings were documented and covered items such as completion of care notes, logging in and out of calls, use of body maps and personal protective equipment. A staff member told us there was an opportunity to progress and learn within the company.

Continuous learning and improving care

● The provider was committed to continuous service improvement and to providing the best possible quality of care.

● Updates and changes were shared with care staff through their electronic systems; staff confirmed any changes in care needs were easy to identify on the device. The management team was able to remotely monitor the care being provided and the timings of care calls.

Working in partnership with others

● The service worked in partnership with the local authority and other health and social care professionals. There was a good local working relationship. The provider met with the commissioning teams regularly and no concerns had been raised. During our inspection a referral was being made to occupational therapy for a reassessment and to review equipment in the person's home.