

Midland Care Support & Enablement Ltd

# Midland Care Support & Enablement Ltd

## Inspection report

Equipoint,  
Coventry Road, Yardley  
Birmingham  
West Midlands  
B25 8AD

Date of inspection visit:  
16 January 2017  
17 January 2017

Date of publication:  
20 February 2017

### 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

This inspection took place on the 16 and 17 January 2017 and was announced. We gave the provider 48 hours' notice that we would be visiting. This was because the provider offers a supported service to people living in their own homes and we wanted to make sure that people and staff would be available to speak with us.

Midland Care Support and Enablement Ltd is a community based adult social care service, registered to provide personal care for persons within their own home. They currently provide a service for seven people.

There was a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Midland Care Support and Enablement Ltd had not previously been inspected, this was their initial rating inspection. Although the provider had been registered with us since October 2015, they had not started to provide a service until December 2016

People were kept safe. Staff had received training and understood the different types of abuse and knew what action they would take if they thought a person was at risk of harm. Staff were provided with sufficient guidance on how to support people's medical support needs. People were kept safe by staff that were able to recognise the signs of abuse and raise concerns if needed.

People were supported by staff that had been safely recruited. People felt that they were being supported by staff with the appropriate skills and knowledge to care and support them. People were supported with their medication by staff that had received appropriate training.

Staff were trained and supported so that they had the knowledge and skills to enable them to care for people in a way that met their individual needs and preferences. People were supported to make choices and were involved in the care and support they received. Staff had an awareness of the Mental Capacity Act and Deprivation of Liberty Safeguarding (DoLS).

Staff were caring and treated people with dignity and respect. People's choices and independence was respected and promoted and staff responded to people's care and support needs.

People and staff felt they could speak with the provider about their worries or concerns and felt they would be listened to and have their concerns addressed.

The provider had quality assurance and audit systems in place to monitor the care and support people received to ensure the service remained consistent and effective. The provider ensured that all policies and

procedures were kept up to date with current guidance and legislation.

## 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 the risk of harm and abuse because the provider had effective systems in place and staff were aware of the processes they needed to follow.

Risks to people were appropriately assessed and managed.

People were supported by adequate numbers of staff on duty so that their needs would be met.

People were kept safe as staff knew how to support them in case of an emergency.

### Is the service effective?

Good ●

The service was effective.

People were supported to eat healthily.

People's needs were being met because staff had effective skills and knowledge to meet those needs.

People's consent was obtained before care and support was provided by staff.

People were involved in deciding how they received care and support.

### Is the service caring?

Good ●

The service was caring.

People were treated with dignity and respect.

People's privacy was upheld at all times.

People's view and opinions were listened to.

People were supported to maintain their independence.

### **Is the service responsive?**

The service was responsive.

Staff were responsive when supporting people's changing needs.

People's consent was sought by staff when providing care and support.

People were supported to make decisions about their lives and discuss things that were important to them.

**Good** ●

### **Is the service well-led?**

The service was well-led.

Systems were in place to assess and monitor the quality of the service.

People and staff knew the manager and had a positive relationship.

Staff were happy working for the provider and felt valued.

**Good** ●

# Midland Care Support & Enablement 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 is 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 the 16 and 17 January 2017 and was announced. The inspection team consisted of one inspector.

When planning our inspection we looked at the information we held about the service. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. We also contacted the local authority commissioning teams to identify any information that might support our inspection.

During our inspection we spoke with four people who use the service, two care staff members, the registered manager, the operations manager and the training manager. We visited the provider's office and reviewed the care records of three people to see how their care was planned and delivered, as well as their medicine administration records. We looked at recruitment, training and supervision records for staff. We also looked at records which supported the provider to monitor the quality and management of the service.

## Is the service safe?

### Our findings

People we spoke with told us that they had confidence in the staff that supported their care needs. A person we spoke with said, "I don't have any worries when she's [staff] in the house, she's a nice girl, I feel very safe when she's around". Another person told us, "Oh they're [staff] great I've got no problems at all. I feel very safe, I can trust them around here". Staff we spoke with confirmed they had received training on how to reduce the risk of people being harmed. A member of staff we spoke with told us, "We've [staff] had safeguarding training", They went on to describe types and indicators of abuse. "If someone was being physically abused they might have bruising, be withdrawn or they might flinch when certain people came near them". Another member of staff said, "If I suspect abuse, I'd contact the office [provider]". Staff we spoke with were able to explain the range of different types of abuse to look out for when supporting people. Staff knew how to escalate concerns about people's safety to the provider and other external agencies if required.

We saw that staff acted in an appropriate way to keep people safe and were knowledgeable about the potential risks to people. A member of staff we spoke with told us, "Risk assessments are done by the manager and we [staff] check them in the care plans. When we're in someone's home we check for trip hazards and make sure that hoists are in good working order". Another member of staff we spoke with explained that they [staff] were always aware of potential risks when they were in a person's home. We saw that the provider had carried out initial risk assessments which involved the person, their family and staff. The manager informed us that risk assessments were continually being monitored and updated when required. Any changes that were required to maintain a person's safety and promote their health care needs were discussed and recorded to ensure that potential risks were minimised.

Staff were able to explain what action they should take in the event of an emergency. A member of staff we spoke with said, "If we, [staff] see an emergency we make sure the person is safe, call 999 and call the office". We saw the provider had an accident and incident policy in place to support staff and safeguard people in the event of an emergency.

The provider had systems in place to ensure that there were enough staff with the appropriate skills and knowledge to meet people's needs and ensure that they were cared for safely. A person we spoke with told us, "They've [staff] never missed a call, sometimes she might be five minutes late but no more than that. If she was going to be really late I know she'd let me know". Another person told us, "They're [staff] very good, I'm pleased with them. They come out to see me seven days a week, they're always on time, never late". A third person said, "Their [staff] time keeping's impeccable, they've never missed a call". A member of staff told us, "I've got plenty of time to get all of my calls in".

The provider had a recruitment policy in place and staff told us that they had completed a range of checks before they started work. A staff member we spoke with told us, "The recruitment process went well, they [provider] took my references and DBS. It felt like a thorough interview too". Another member of staff we spoke with said, "The recruitment process was good, they took references from my previous employers". We reviewed the recruitment process that confirmed staff were suitably recruited to safely support people living

within their own home. Staff we spoke with confirmed that the provider had completed all the necessary checks prior to them commencing work. We saw these included references and checks made through the Disclosure and Barring Service (DBS). The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with people who require care.

Staff told us that they had received training on handling and administering medicines. Staff were able to explain to us the protocol for supporting people with medicines and how to record this on Medicine Administration Records [MAR Sheets]. A person we spoke with told us, "They [staff] support me with my medicines, they sit with me and make sure I take them properly". Another person we spoke with said, "I do my own tablets, they [staff] just remind me to take them". We saw that the provider had systems in place to ensure that medicines were managed appropriately. We saw that daily records were maintained by staff showing when people had received their medicines as prescribed.

## Is the service effective?

### Our findings

Staff told us they received induction, and on-going training to enable them to support people effectively. A staff member told us, "Induction was good, we've [staff] all had basic training; manual handling, first aid and so on". Another member of staff we spoke with said, "Induction was good, I feel they [provider] prepared us well". People told us that they felt confident that staff had the correct training and knowledge to meet their needs. A person we spoke with said, "She [staff] seems very good at her job, I couldn't ask for anyone better really". Another person told us, "They're [staff] very good at their job, I'm sure the training must be excellent". We saw that new staff were trained in accordance with the Care Certificate which offers guidance on the basic skills and knowledge needed to work with people requiring health and social care support. We saw that the provider maintained training records for each member of staff ensuring that they were appropriately skilled to perform their duties. We saw that records were maintained highlighting when refresher training was due.

The staff we spoke with told us that as the service was new they hadn't all received supervision by their manager yet. A staff member we spoke with said, "I haven't had supervision yet, but I know they [provider] carry out spot checks". Another staff member we spoke with told us, "I haven't had supervision yet, but I know it's due soon." Staff told us that if they had any concerns they could contact the office for support and the management team were always available. The manager explained that as the service was relatively new not all staff had received supervision yet, although there was a supervision plan in operation and that they were in regular contact with all of the staff. We saw evidence that the provider had started the supervision and appraisal processes and was actively supporting staff.

We saw that the provider had processes in place that involved people in how they received personalised care and support. People we spoke with told us they felt that care needs were supported and that they were involved in decisions about their care. A person we spoke with told us, "She [staff] talks to me all the time, we have quite a chat. She does ask if it's alright to do things for me and she's always asking if I need anything". Another person we spoke with said, "I feel confident with them [staff], they know what they're doing and how I like to be looked after". Staff were able to explain to us about people's needs and how they supported them. Staff explained how they gained consent from people when supporting their care needs. A staff member told us, "I talk to people a lot. I ask them if they're happy for me to do things for them, I make sure they're okay".

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. All the people being supported by the provider had capacity to make informed decisions about their care and support needs. Staff told us they had completed mental capacity training and were able to explain their understanding of how to support someone who did not have capacity to make informed decisions about their care and support.

The Deprivation of Liberty Safeguards (DoLS) requires providers to identify people who they are caring for who may lack the mental capacity to consent to care and treatment. They are also required to notify the local authority if they believe that the person is being deprived of their liberty. The local authority can then apply to the court of protection for the authority to deprive a person of their liberty, within the community in order to keep them safe. From talking to staff and looking at training documents we could see that they had an understanding of DoLS.

People we spoke with were happy with how staff supported them with meals. A person we spoke with told us, "She [staff] helps get my breakfast in the morning, cereal or porridge, that's all really. I've always got plenty to eat and drink whenever I need it". Another person told us, "They [staff] help me with some of my meals, I give them strict instructions about what ingredients to use and they generally get it right". A member of staff we spoke with told us, "I make sure people have enough to eat and drink before I leave. Some people are on special diets, for example; they may have diabetes or a nut allergy, it's all written down in their care plan".

People told us that their relatives supported them to attend medical appointments. We saw from care records that health and social care professionals were involved in people's care. We saw care records that provided information about regular appointments to doctors, opticians and dentists and staff told us they were aware of how to contact health care professionals if they needed to.

## Is the service caring?

### Our findings

People we spoke with told us they were pleased with the care and support provided. A person we spoke with told us, "It's great having them [staff] around, I've got no complaints at all". Another person said, "She's [staff] kind and caring, she's a very natural person and we get along really well. She's always asking how I am". A member of staff told us how they 'got to know' the people they were caring for; "I talk to them [people using the service] a lot, we look at old photos, people have interesting lives". Another member of staff we spoke with told us, "I love talking to people, so we chat a lot and there's always background [life story] information in their care plans".

We saw that people were involved in care planning, ensuring that their individual support needs were met. A person we spoke with said, "We [person using the service and the provider] had a meeting to talk about what I want and how I want things doing. The manager came out and did it a few weeks ago". Another person told us, "We [person using the service and the provider] did a care plan right at the start and they [staff] follow it to the letter". We saw from people's care plans that people were encouraged and supported to express their views and to be involved in making decisions about care and support.

People we spoke with told us that staff treated them with dignity, respect and upheld their rights to privacy. A person we spoke with told us, "I never feel that my dignity is compromised in anyway and they're [staff] very respectful". A staff member told us, "I make sure that windows and doors are closed when I'm providing personal care, and I keep them [person using the service] covered with a towel as much as possible". Another staff member we spoke with said, "I close doors and curtains when washing people and I make sure that no visitors are able to see". Staff told us that they received guidance during their induction in relation to treating people with dignity and respect and we saw training records to support this.

People we spoke with recognised the support staff were providing to promote their independence and encourage them to do as much for themselves as possible. A person we spoke with told us, "I'm pretty independent anyway; I can do a fair bit for myself". Another person told us, "I'm okay really, she [staff] helps to get me going in the morning but I'm fine after that". A staff member we spoke with gave an example of how they support people's independence, "I encourage people to wash themselves, if they're able, rather than rely on me".

## Is the service responsive?

### Our findings

People using the service told us they felt that the provider was responsive to their needs. A person we spoke with told us how they had contacted a member of staff to inform them of an accident they had had during the period between scheduled care visits; "I phoned one of the carers [staff] to tell them the situation and they came 'round straight away to clean it up, even though they weren't due. They didn't have to, that was above and beyond the call of duty". The manager told us that staff had access to a company vehicle if they needed it to respond to people using the service. We asked a person if they were given a choice of which member of staff supported them, they told us, "I don't think I got a choice, but it's okay because she's [staff] lovely. I had another woman [staff] for a couple of days and she was nice too".

We saw from people's care plans that assessments had been undertaken to identify people's support needs and were developed outlining how these needs were to be met. The provider had only been delivering the service for a short period of time and formal care plan review meetings had not yet taken place. However we saw that care and support review meetings were scheduled and on-going monitoring was taking place to ensure that people were supported appropriately. A person we spoke with told us, "I haven't had a review meeting yet, I haven't had them [provider] that long, but I've got their number if I need to call them, so I'm alright". A member of staff we spoke with told us, "Everyone is an individual, with individual needs that should be supported and respected". Staff were aware of people's preferences and interests as well as their health and support needs, which enabled them to provide a personalised and responsive service.

We saw that the provider had a complaints and compliments policy in place. People were aware of how to raise any complaints if they needed to. A person we spoke with told us, "I know who to complain to, I'd have no hesitation if things weren't right, but they are so good, there's no problem". Another person told us, "I know if I had a complaint I could call them [provider]". A staff member told us how they would support a person using the service to raise any issues, concerns or complaints if they needed to; "All concerns and complaints are logged and reported to management who take it from there". A person we spoke with told us of a concern they had raised with the provider and that the provider had resolved the issue satisfactorily and in a timely manner. Records held by the provider showed that the concern had been documented appropriately.

The provider had systems in place for people and relatives to provide feedback about the care and support being provided. A person we spoke with told us, "I think we'll be doing questionnaires at some point, but I can talk to them [provider] whenever I need to anyway". Another person said, "They [provider] ask me how things are going all the time". We saw that the provider had systems in place to seek feedback from people using the service, however, as they had only been operational for a short period the questionnaire cycle had not yet been implemented.

## Is the service well-led?

### Our findings

Staff we spoke with told us that the provider supported them and that they were clear about their roles and responsibilities. A staff member told us, "I like working for them [provider] it's a good company". Another staff member told us, "I love working for them [provider] everyone's so nice, supportive and you can tell that they really care". A staff member told us that the manager or senior staff members completed spot checks to ensure consistency and quality of care was being provided. A spot check is a quality assurance exercise, where a senior member of staff carries out an unannounced visit on a staff member in their place of work, to observe and monitor their work based practice. Staff we spoke with told us that they felt supported and valued by the management team.

We saw that quality assurance systems were in place for monitoring the service provision. People were encouraged to share their experiences and views of the service provided. We saw evidence that regular audits were taking place, including; individual care plans, risk assessments, medicine management, accidents and incident reporting. The provider operated an IT [Information Technology] based system that monitored staff visits and recorded how peoples medicines were managed.

Staff told us that they understood the whistle blowing policy and how to escalate concerns if they needed to, via their management team, the local authority or CQC. Prior to our visit there had been no whistle blowing notifications raised at the location. The provider ensured that all policies and procedures were up to date and adhered to current guidance and legislation.

At the time of our inspection there was a registered manager in place and they understood the responsibilities and requirements of their registration. A registered manager has legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated regulations about how the service is run.

People and staff we spoke with told us that they were happy to discuss things with the manager if they needed to. A person we spoke with told us, "The manager's very good, I can talk to them whenever I need to". Another person told us, "I've met the manager a few times, he's very nice, easy to talk to, and he left me his card if I ever need to call him". Staff told us they would have no concerns about raising anything they were worried about with the manager. A staff member we spoke with said, "I feel really supported by the management team, I can approach them about anything, they're really supportive".