

MiHomecare Limited

MiHomecare - Hampstead

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 

Overall summary

This inspection took place on 22 December 2014 and was unannounced. When we last visited the service on the 28 February 2014 we found they were meeting all the regulations we looked at.

MiHomecare Hampstead is a branch of a national chain which provides care support services to people in their homes. At the time of the inspection, approximately 120 people were using the service run from Hampstead, living mostly in Camden and Westminster.

The service had a registered manager. 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.

People were kept safe. Medicines were managed safely. Risk assessments identified the risks to people and how these could be prevented. Staff were available to meet people's needs.

People were involved in decisions about their care and how their needs would be met. Managers and staff had received training on the Deprivation of Liberty Safeguards and the Mental Capacity Act 2005. These safeguards are there to make sure that people in care homes, hospitals

Summary of findings

and supported living are looked after in a way that does not inappropriately restrict their freedom. Services should only deprive someone of their liberty when it is in the best interests of the person and there is no other way to look after them, and it should be done in a safe and correct way.

Staff had access to ongoing training. They were knowledgeable about their roles and responsibilities. They had the skills and knowledge to meet people's support needs.

People were supported to eat and drink. Staff supported people to attend healthcare appointments and liaised with their GP and other healthcare professionals as required to meet people's needs.

People received individualised support that met their needs. Staff knew how to respond to people's needs in a way that promoted their individual preferences and choices regarding their care.

People were treated with dignity and respect. Staff understood people's preferences, likes and dislikes regarding their care and support needs. Care was planned and delivered in ways that enhanced people's safety and welfare according to their needs and preferences.

People using the service, relatives and staff said the manager was approachable and supportive. Systems were in place to monitor the quality of the service and people and their relatives felt confident to express any concerns, so these could be addressed.

Summary of findings

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.

People were kept safe and free from harm. There were processes in place to ensure people were protected from abuse and staff were aware of safeguarding adults procedures.

Assessments were undertaken of risks to people who used the service and staff. Written plans were in place to manage these risks.

There were appropriate staffing levels to meet the needs of people who used the service.

Medicines were handled and managed safely.

Good



Is the service effective?

The service was effective.

Staff were supported through induction, supervision, appraisal and training.

Staff understood the principles of the Mental Capacity Act (2005) and supported people to make decisions appropriately.

People were supported to food and drink appropriately.

The service worked with health and social care professionals to ensure people's needs were met.

Good



Is the service caring?

The service was caring.

People, their relatives and others involved in their care were complimentary about the care and support provided. They told us that staff were kind, caring and respected their privacy and dignity.

People told us they were involved in making decisions about their care and support needs.

People's privacy and dignity were maintained.

Good



Is the service responsive?

The service was responsive.

People's care was assessed prior to care being delivered by the service. Care plans detailed support people required and how to meet their needs.

People and their relatives knew how to raise concerns and complaints and these were investigated and responded to in line with policy.

Good



Is the service well-led?

The service was well-led.

Staff told us they were supported by their manager. The culture of the service was open and transparent.

Good



Summary of findings

The manager regularly checked the quality of the service provided and ensured people were happy with the service they received. Audits and checks were undertaken and improvements made as a result.

MiHomecare - Hampstead

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 12 December 2014 and was unannounced.

The inspection was carried out by an inspector, a professional advisor who was a nurse with knowledge of the needs of people who have a learning disability.

Prior to the inspection we reviewed the information we had about the service. This included information sent to us by the provider, about the staff and the people who used the service. Before the inspection the provider completed a Provider Information Return (PIR). 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 spoke with the local safeguarding team to obtain their views.

As part of the inspection, we spoke with three people who used the service, four care staff and the registered manager.

We also looked at a sample of six care records of people who used the service, four staff records and records related to the management of the service.

Is the service safe?

Our findings

There were arrangements in place to protect people from the risk of abuse. People who used the service told us that they felt safe and could raise any concerns they had with staff. One person said, "I feel safe, if I am concerned I call the manager." Information regarding who to contact if people or their relatives had concerns about the way they were treated by the service was available in the information pack that people had about the service.

Staff understood the service's policy regarding how they should respond to safeguarding concerns. They understood how to recognise potential abuse and who to report their concerns to both in the service and to external authorities such as the local safeguarding team and the Care Quality Commission. Staff had received training in safeguarding adults. Health professionals told us that staff were very reliable and responded to any concerns they raised. No safeguarding concerns had been raised in the last year.

People told us they were involved in discussing risks and making choices about how to be safe. People's care records included a risk screening tool which identified the individual risks in relation to people's health and risks which may occur whilst they were in different situation such as when they were using kitchen equipment. The service had then developed plans to reduce the risks of harm and reviewed these regularly with the involvement of the person to ensure they were still effective.

Staff we spoke with had a good understanding of how to manage risks positively for each person they supported. They told us they followed risk management plans and had the opportunity to discuss risk management at shift handover and team meetings. Care records demonstrated staff had followed the individual risk management guidelines which were in place.

There were sufficient staff as people who use the service and relatives told us that the availability of staff was tailored to meet their individual needs. One person said, "Staff come in the morning at the time I have agreed." A relative confirmed that, "Staff do what they agreed to do." The registered manager explained that as part of people's assessment before they use the service it was agreed with them how much staff support they needed each day. Initial assessments and care plans identified when and for how long staff would visit people for. Care plans also specified the care needs that staff would support people with.

Safe recruitment procedures were in place that ensured staff were suitable to work with vulnerable adults as staff had undergone the required checks before starting to work at the service. We looked at the files of three staff who had recently been recruited to work with people who used the service. These files contained disclosure and barring checks, two references and confirmation of their identity. We spoke with one member of staff who had recently been recruited to work at the service they told us they had been through a detailed recruitment procedure that included an interview and the taking up of references.

Some people who used the service had support from staff in relation to their medicines. People told us they received their medicines safely. Staff said when it was identified that people required support to receive their medicines they followed the provider's medicines administration procedures. They said medicine administration record (MAR) charts were completed by them to confirm people had received their medicines as prescribed. People's MAR charts were checked as part of regular monitoring visits carried out by the management team to people's homes to ensure they received their medicines as prescribed.

Is the service effective?

Our findings

People who use the service received effective care as staff had the necessary knowledge and skills to meet their needs. People and relatives told us that staff understood and knew how to meet their needs. People said, "The staff know how to help me," and "The staff are really good at their job." Staff said that the training they received enabled them to meet people's needs effectively. A member of staff who had recently started to work for the service confirmed they had received a detailed induction. The training matrix showed that all staff had completed the necessary mandatory training (for example, infection-control, food hygiene and first aid). Refresher training had also been planned so that staff maintained their skills and knowledge in these areas. All staff had also completed the Health and Social Care Diploma.

Records showed all new staff received induction training before they were allowed to work on their own. The induction included two days of classroom which covered key policies and staff code of conduct and three days of shadowing where they worked with an experienced member of staff to learn the practical aspects of the job. Staff were given a copy of the organisation's staff handbook when they started so they could refer to it when required. This meant that staff were provided with the training and support they required to do their jobs effectively.

Staff told us they felt supported. Staff were supported through regular supervisions from their team supervisors every three months to discuss any issues they faced at work and concerns about the people they looked after. We saw copies of supervision notes and they covered discussions about the well-being of people using the service, performance issues, training and time keeping. Staff were also appraised yearly by their supervisors.

The team supervisors conducted regular unannounced 'spot checks' on staff while they were at people's homes delivering care to ensure they were delivering their responsibilities to the required standard. We saw evidence that staff were provided feedback following the spot check and issues were addressed. For example, there was discussion about the importance of ensuring good record keeping.

People told us staff asked them what they wanted and waited for permission from them before they supported

them. Staff told us they always explained what they were doing and sought consent from the person before they carried out any task. They told us that where necessary they liaised with people's relatives if they have concerns about the person's ability to make a decision or choice. Staff said they found various strategies to work with people around their decisions and choices. For example, if a person did not want to have their personal care when it was due, they would leave it and ask them again in a different way later. A member of staff said "We never force anyone." Staff understood the communication needs of people with dementia and demonstrated skills to communicate with them. For example, they said they would use simple words and body language.

Staff understood how a 'best interests' decision should be made if people were unable, even with support to make a decision. They explained that the family, GP and social worker would be involved in a joint review meeting. Staff had completed a formal training on the Mental Capacity Act 2005.

People told us when staff supported them with meals they were able to choose what they ate. The care plan for one person said they wanted staff that were able to cook meals from their cultural background and the registered manager told us this was arranged. People's nutritional needs were assessed and when they had particular preferences regarding their diet these were recorded in their care plan.

Where necessary we saw that people had been referred to the dietitian or speech and language therapist if they were having difficulties swallowing. People's weight was being recorded in their care plans. Three people who use the service needed support with their nutritional needs so their fluid and food intake was being monitored.

People told us the service supported them with their healthcare needs. One person said, "I tell the carer when I need to see the doctor." People told us that they had been able to see their general practitioner when they wanted. When they asked staff to contact their GP this was done quickly.

Care records demonstrated that the service had worked jointly with health professionals to meet people's needs. The registered manager told us the service worked closely with other care providers. The service also contacted the local authority and other professionals to assist people to get mobility equipment.

Is the service caring?

Our findings

People and their relatives said that staff were caring and supported them to express their views about how their needs should be met. One person said, "Yes, the staff are respectful and friendly." They told us that when staff cared for them they were always, "kind" and "helpful." "They listen to me." Staff spoken with knew the preferences and personal histories of people who use the service. This included whether or not they wanted same gender care. The duty manager explained this was a question asked when people started using the agency.

People and their relatives told us they had been involved in the care planning process and had been visited in their homes prior to receiving care. People were provided with copies of their care plans and information regarding the provider's policies on choice, confidentiality and complaints management.

People and relatives confirmed that they had been involved in the planning of their care. One relative commented that they met monthly with the duty manager to discuss their family member's care and these meetings were recorded in the person's care plan. Staff told us they gave people privacy whilst they undertook aspects of personal care, asking people how they would like things done and making enquiries as to their well-being to ensure people were comfortable.

People were supported to maintain their personal, cultural and religious needs. Care plans recorded people's requirements in relation to communication needs and preferred spoken language. People told us they were matched with staff from similar background to enable their needs to be met appropriately. People's communications needs were recorded and staff had guidelines on how to communicate with people appropriately.

Staff understood people's needs with regards to their disabilities, race, sexual orientation and gender and supported them in a caring way. Care records showed that staff supported people to practice their religion and attend community groups that reflected their cultural backgrounds.

People and relatives told us that they understood and had been involved in making decisions about their care and support. All the care plans we looked at had been signed by either the person or their relatives.

People and relatives told us they had the same carers for each visit. This meant that people were able to develop relationships with the staff that cared for them and provided continuity of care. We were told that carers usually arrived on time.

Is the service responsive?

Our findings

People and their relatives told us they were involved in planning and reviewing of their needs. One relative said, "They did a detailed needs assessment, and if there are any changes these are dealt with." Care plans were detailed and gave staff information about people's care needs and their preferences regarding how they wanted to be supported.

People told us they knew the content of their care plan and were involved in planning their support. Care plans detailed people's care visit times, the duration of the visits and the tasks to be undertaken. Care records showed that people's care visit times had been increased when required to reflect their needs. Staff understood the importance of recording changes in people's needs.

The provider responded to people's changing circumstances. People told us they were able to change their support visit times and stop and restart the care package as they wished.

The service conducted telephone surveys, spot checks and satisfaction surveys regularly to check people were happy with the service they received. The surveys checked people's satisfaction with the quality of care, and the information they received. The service reviewed people's feedback and took the necessary actions taken to improve the service.

People and their relatives knew how to make a complaint about the service. One person said, "If you do complain they take it seriously and try to put things right." Staff told us that the complaints policy had recently been updated with the involvement of people who used the service.

People and their relatives had been given a copy of the updated complaints policy so that they knew what to do if they wish to make a complaint about the service. The complaint records showed that when issues had been raised these had been investigated and feedback given to the people concerned. Complaints were used as part of ongoing learning by the service and so that improvements could be made to the care and support people received.

Is the service well-led?

Our findings

Regular auditing and monitoring of the quality of care records took place. One person told us, “The care is good.” Spot-checks were carried out on the care provided by staff to people in their homes. These checks were recorded and any issues were addressed with staff in their supervision. Quarterly audits were carried out of care planning, health and safety and infection control. Where these audits identified that improvements needed to be made records showed that an action plan had been put in place and any issues had been addressed. For example, where people had been identified as needing more frequent visits to provide care a plan was put in place to address this.

Staff told us the registered manager was open to any suggestions they made and ensured they were meeting people’s needs. Staff felt that they had benefited from

clearer communication from the registered manager about how they should prioritise their work. Also the introduction of more regular supervision had helped staff to identify their training and development needs.

The service had an open culture that encouraged good practice. The registered manager was available and spent time with people who used the service. People and their relatives confirmed that they felt the home was well- led, that the registered manager was approachable and led the staff team appropriately.

Staff knew where and how to report accidents and incidents. There had been four accidents in the last two months. These had been reviewed by the manager and action taken to make sure that any risks identified were addressed. Two of these accidents showed that, where necessary, people had been referred to their GP or the district nurse for further treatment and review. Accidents and incidents were monitored so that the risks to people's safety were appropriately managed.