

# Miracle Centre Limited

# Miracle Care Centre NLHC

### **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

Miracle Care Centre is a domiciliary care service providing personal care to people living in their own homes in Northumberland. At the time of this inspection, 10 people were 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.

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

People told us they were happy with the service provided to them and they were cared for by staff who were caring, kind and considerate.

People felt safe using the service and procedures were in place to protect people from the risk of abuse. People told us staff supported them well with the administration of their medicines. We have made a recommendation to enhance this process.

Safe infection control measures were followed by staff and there was enough PPE available to support this.

Staffing levels had been difficult at times due to the COVID-19 pandemic, but things had settled. Consistent staff were in place now with no agency being used. There was an ongoing recruitment process in place with the provider carrying out suitable employment checks.

Staff had received training and were supported fully by the management team.

People were supported to have maximum choice and control of their lives and staff assisted them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People reported a well-run service and said they would recommend it to others.

The provider had systems to measure the quality of the service. We have made a recommendation in connection with this to enhance this process.

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 7 February 2020 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re inspection programme. If we receive any concerning information we may inspect sooner.

# 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.	



# Miracle Care Centre NLHC

**Detailed findings** 

### Background to this 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 Care Act 2014.

#### Inspection team

The inspection was carried out by two inspectors 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.

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

This inspection was unannounced.

Inspection activity started on 3 February and ended on 9 February 2022. We visited the office location on 3 and 8 February 2022.

#### What we did before the inspection

We reviewed information we had received about the service since it was registered. We sought feedback from the local authority commissioning and safeguarding teams, care professionals who worked with the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

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. We used all of this information to plan our inspection.

#### During the inspection

We spoke with five people who used the service and four relatives/partners about their experience of the care provided. We spoke with the registered manager and communicated with all staff working for the organisation to gather their views. We contacted nine care managers/social workers and one occupational therapist. All responses were used to support the inspection process.

We reviewed a range of records. This included 10 people's electronic care records and medication records. We looked at seven staff files in relation to recruitment, training and staff support. A variety of records relating to the management of the service, including policies and procedures, were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data 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 for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

#### Using medicines safely

- Medicines were generally managed safely via an electronic recording system. People said medicines were handled well. One relative said, "The carers record when they have given my (relative) their medication on their phone. I can view their notes on my phone each day."
- Staff had received training in administering medicine safely and had their competencies checked.
- Instructions on how to take some medicines, including those 'as required' were not fully in place. This was in the process of being addressed by the registered manager.

We recommend the provider review their medicine procedures in line with best practice guidance, including utilising National Institute for Health and Care Excellence.

#### Assessing risk, safety monitoring and management

- Risks had been identified and assessed, including those people at risk of skin damage. We identified a few gaps, but the registered manager was in the process of reviewing all of these as part of the introduction of a new electronic recording procedure.
- Relatives said staff were aware of risks associated with supporting their family member. A relative said, "They have spotted what my (relative) has needed, before me."

#### Staffing and recruitment

- Enough staff were available to cover all care calls to people. The COVID-19 pandemic had impacted on staffing at times, but the registered manager and branch manager had stepped in to make sure all care calls were covered.
- Travel time between care calls was included and the registered manager tried to maintain consistency of staffing used within individual care packages. One person said, "The carers arrive on time, stay for as long as they should, and they call me if they are running a little late. I get a rota each week by email, so I know who is visiting. I have five wonderful girls that come in and I love them all to pieces." There had been some occasions were travel time had not been enough, but the registered manager was working to address this.
- Safe recruitment practices were in place, including Disclosure and Barring Service and reference checks.

#### Preventing and controlling infection

- Staff followed infection control procedures. Everyone spoken with confirmed staff wore appropriate PPE, including masks.
- PPE was readily available, and staff had received training in the use of PPE and infection control procedures.

• Staff followed government guidance on testing for COVID-19. The registered manager accepted our feedback to enhance the process for monitoring this.

Systems and processes to safeguard people from the risk of abuse

- People felt safe. A person said, "I feel absolutely 100% safe with my carers. I have needed care for the past twenty-seven years and of all the care companies I have experienced, Miracle Care is by far the best company that have ever looked after me." One relative said, "I have every confidence in the service. This is the third company we have experienced, and they are by far the best."
- Staff had been trained in safeguarding people and were skilled to identify any issues arising.
- Safeguarding policies and procedures were in place to support people and the staff team. Discussions had taken place with local authority care managers.

Learning lessons when things go wrong

- Staff understood their responsibility to report any accidents or incidents of concern.
- Information from lessons learnt was shared with the staff team through meetings or emails.



### 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 felt very supported. One staff member said, "One of the best companies I have worked for. Office staff (management) care for their staff."
- Staff had an induction into their role and shadowing opportunities in place to ensure they were able to support people effectively.
- Staff had been trained in key areas, including moving and handling and emergency first aid. The registered manager told us they were going to start using an outside trainer to support the delivery of face to face training. One person said, "The carers are well trained. They give me choices each visit and ask me how I would like things done. They always ask for consent, they are very polite."

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

- People were assessed prior to using the service to ensure their care needs could be met.
- The registered manager gathered information about people's choices and wishes and made sure they were fully involved in the care planning process.

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

- People were supported with meals and refreshments which they preferred, and which met their dietary requirements. One person said, "They know I really like scrambled egg on toast which they make really well."
- Staff had received training in food hygiene, and nutrition care plans detailed what support each person required.

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

- The registered manager was striving to improve working relationships with other agencies, including the local authority care managers. The registered manager said, "It has been a very hard time during Covid, and there has been some miscommunications, but our clients come first, and we want to build on relationships."
- People told us staff monitored their wellbeing and helped them to contact healthcare professionals when needed. One person said, "If I have appointments, they ask me how they went, they show interest in me."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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.

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.

- Staff had an awareness of the MCA. The registered manager confirmed no person using the service was subject to any restrictions placed on them by the Court of Protection.
- People told us that staff always asked for their consent.
- Best interest decisions were made in consultation with family members and other relevant healthcare professionals when needed.



# 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

- Staff were described as very kind and thoughtful. One person said, "I can't fault the excellent carers I have. They are everything I could wish for, kind, caring, compassionate and polite."
- People told us they were respected by staff and were fully involved with the care delivered to them. One person said, "They demonstrate respect for me, as they can spot when I am not having a good day, so they sit and chat with me if I am down."
- Staff understood the individual needs of people. One relative said, "The carers always explain what they are doing as they support my (relative) to make them feel at ease, as they can become anxious at times."

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

- People and their relatives had been fully involved in decisions about how their care would be delivered. One person said, "I was fully involved in my care plan as they asked me how I would like my care to be delivered. When I first started with the company, they introduced me to a variety of carers to see if I got on with them."
- People were asked their views on how the service was delivered, including via surveys and reviews.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was promoted. One staff member said, "One of the most important things is to treat people with dignity and respect no matter what sort of day they are having."
- People were supported to maintain or enhance their independence. One relative said, "The carers value my (relative) and listen to what they have to say, and they understand they can be very independent. I feel (relative) is more active now they have carers than before they had help."



### 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 were provided with person centred care. One person said, "The staff are always thinking how they can support me, they are very proactive."
- The registered manager was in the process of updating all care plans to ensure they included all relevant information about people they cared for.
- People said staff teams were now consistent and knew them well.
- People had choice in the way they were supported. One person said, "When the carers visit, they make conversation and they do ask me to make choices."

#### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs formed part of their care plan, which detailed how they preferred to be communicated with.
- People and their relatives said staff communicated well with them, including keeping them up-to-date with any changes to service delivery.

Improving care quality in response to complaints or concerns

- People and their relatives knew how to complain. Every person and relative had no complaints with the service provided.
- There had been two complaints which had been dealt with appropriately. Complaint policies and procedures were in place and had been provided to people using the service.
- The registered manager continued to learn from any issues arising and shared this with the staff team during team meetings with the aim of improving the care provided.

End of life care and support

- The service provided end of life care. One relative said, "They have done everything they needed to do."
- The branch manager told us they worked with other healthcare professionals to ensure people were fully supported, including Macmillan nurses and GP's.
- End of life care plans were in place but would benefit from further information. These were being reviewed as part of the provider's system changes.



### 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.

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

- Quality checks were in place, but these were not all robust. The registered manager immediately acted on our feedback and introduced daily and other more regular checks to enhance monitoring systems in place.
- The branch manager and registered manager had already started to work on updating care plans and risk assessments prior to the inspection, to make them more detailed and person centred. This was still to be completed.

We recommend the provider use best practice guidelines to continually review quality monitoring procedures to ensure they identify issues arising and can address them quickly.

- The registered manager and staff understood their role and responsibilities. To enhance their role, the registered manager had requested enrolment on the local authorities 'excellence in care' course at the next opportunity. Staff were well supported in their roles and encouraged to develop further skills.
- Incidents had been reported to the CQC in line with legal requirements.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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

- Every person and relative spoke highly of the management team and said they were helpful and approachable and communicated well with them. One person said, "The service is excellent, the best I have encountered. I can't fault them. They fully understand my needs and they have made my life so much easier. I've never known such a fantastic company."
- Several people explained their experiences of other care providers as less positive, compared to this provider. One relative said, "It is an excellent service, the best we have encountered yet. I don't feel they could do anything better for us at this point in time."
- The management team supported the inspection fully and acted on feedback given immediately.
- The management team understood their responsibility under their duty of candour to let people and their relatives know when something goes wrong.

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

• People knew the management team well, with many having been cared for by both the registered

manager and the branch manager. They said they would have no hesitation in contacting them if they needed to.

- People had been asked their views and involved in decisions about their care.
- Staff felt valued. One staff member said, "Cannot fault the management though, it's the best place I have ever worked."

#### Working in partnership with others

- Staff supported people to engage with healthcare professionals. One person said, "The company have informed me about advocacy services, but I declined any further support."
- The majority of healthcare professionals were positive about the care now being provided. Some did comment on issues, for example, with staffing which had occurred during the early period of last year; but these had been resolved. One care manager said, "I can honestly say that I have not had any reports lately of any issues with the care provider from the client or their family." Another care manager said, "Don't know what their reputation is like, but I have found them really good and would recommend them."
- Two healthcare professionals commented that they found it difficult at times to contact staff. We raised this with the registered manager who said they were going to communicate with all professionals involved with the service to ensure they had correct contact details.