

Mitchell's Care Homes Limited

Mitchells Domicillary Care Services

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Mitchells Domiciliary Care Services provides a supported living service for older people and people with a learning disability, autistic spectrum disorder, physical disability and younger adults. People receive personal care and support in their own properties. The service was supporting 46 people in 12 supported living properties, some of which are shared with other people.

The inspection was announced. We told the provider three days before our visit that we would be coming. This was to ensure that the people we needed to talk to would be available.

There was a registered manager in place who was present on the day of the 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.

Effective systems were not always in place to monitor the quality of the service that people received. Audits were not routinely undertaken and surveys were not always used to improve the quality of care.

Complaints were not always responded to in an appropriate way.

People did not always feel involved in their care planning. Relatives also said that they did not always feel consulted however other relatives said that they were.

Care plans and records were not written in a dignified and respectful way. However people did say that staff treated them with dignity and respect. Relatives confirmed this. People's independence was promoted. In the event of an emergency, such as bad weather, there was a service contingency plan which detailed what staff needed to do to protect people and make them safe.

There were sufficient numbers of skilled and experienced staff to support the people who used the service. People and their relatives told us they were supported by regular staff who knew their needs and preferences well.

Training was provided to staff in relation to the needs of people who received care. Staff had their competencies assessed through regular one to one supervisions and appraisals.

People were cared for by kind, respectful staff. People told us they looked forward to staff coming to support them.

Systems were in place to ensure that people were protected from the risk of abuse. Staff were aware of procedures to follow to safeguard people from abuse. Risk assessments were detailed and staff were

provided with guidance on to reduce the risk of things happening. There were assurances that before staff started work appropriate recruitment checks had been undertaken on all care staff however not all administrative staff who came into contact with people had undergone these checks.

People were supported at mealtimes to have food and drink of their choice and supported to make healthy choices about their food. People were supported to have access to health care as they needed it.

People's right were being upheld as required by the Mental Capacity Act (MCA) 2005. This is a law that provides a framework to protect people who do not have mental capacity to give their consent or make certain decisions for themselves. Staff were aware of their responsibilities through appropriate training in regards to the Mental Capacity Act 2005.

Medicines were safely administered and people received their medicines in the way that had been prescribed for them. Each care file had clear instructions to care staff stating whether the person was to be administered medication as part of the care plan.

The registered manager had ensured that the Care Quality Commission (CQC) were informed of important events that happened in the service.

During our inspection we found a number breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We have also made recommendations in relation to regulations.

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.

There were enough staff deployed at the service to meet people's needs.

Risks to people had been identified and guidance was in place for staff to help reduce the risk of harm to people. Accidents and incidents were reported when appropriate.

People received their medicines on time and as prescribed. Medicines were stored safely.

People told us they felt safe. Staff understood what abuse was and knew how to report it appropriately if they needed to.

Safe recruitment practices were mostly followed to ensure only suitable staff worked at the service.

Is the service effective?

Good 

The service was effective.

People were supported by staff who knew their needs and preferences well.

Staff received appropriate training and were aware of the Mental Capacity Act 2005 and how to protect people's rights. Staff had the opportunity to meet with their line manager on a regular basis.

People were supported to have choices in the food they ate and attend healthcare professional appointments when appropriate.

Is the service caring?

Requires Improvement 

The service was not always caring.

Care plans and notes were not always written in a dignified way however people said that there were treated with dignity and respect.

People were not always involved in making decisions about their care.

People were offered support in a way that upheld their dignity and promoted their independence. People and relatives said that staff were caring.

Is the service responsive?

The service was not always responsive to people's needs.

Complaints were not always dealt with appropriately and to people's satisfaction.

Care plans had the most up to date information available to staff about people's care needs. Changes in people's support needs were met and the care plans reflected the changes.

Requires Improvement ●

Is the service well-led?

The service was not well-led.

There were no appropriate systems in place to monitor the safety and quality of the service. Care records were not always complete and accurate or written in an appropriate way.

Where people's views were gained these were not used to improve the quality of the service.

Staff told us they did not always feel valued, or listened to. Although some staff did say that their managers were approachable.

Notifications of significant events in the service had been made appropriately to CQC.

Requires Improvement ●

Mitchells Domicillary Care Services

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.

Prior to the inspection we reviewed all the information we had about the service. We sent questionnaires prior to our inspection to staff, relatives and health care professionals to establish their views of the service. We reviewed the responses we received from 16 people, five members of staff, four relatives and five health care professionals.

We also reviewed information sent to us by the provider on 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 looked through notifications that had been sent to us by the registered manager. A notification is information about important events which the provider is required to tell us about by law.

The inspection was announced. We told the provider three days before our visit that we would be coming. This was to ensure that the people we needed to talk to would be available. The inspection team consisted of two inspectors and an expert by experience who telephoned representatives of people after the inspection. The expert by experience spoke with 11 relatives of people who used the service.

During our inspection we spoke with one person, the registered manager and one member of staff. We looked at eight care plans, six recruitment files for staff, medicine administration records, supervision records for staff, and mental capacity assessments for people who used the service. We looked at records that related to the management of the service. This included minutes of staff meetings and audits of the service.

The last inspection of this home was on the 25 April 2014 where we found our standards were being met.

Is the service safe?

Our findings

All of the people who completed the questionnaire told us that they felt safe with staff. We spoke with relatives about whether they felt their family members were safe. One told us, "(They are) as safe as they can be." Whilst another said, "I can see (the family member) feels safe because she walks about the house with confidence."

People were protected from the risk of abuse. The questionnaires returned by staff confirmed that they understood what safeguarding people meant and were confident about how they could report any allegations. All of the staff had received training in safeguarding adults from abuse as part of their induction and ongoing training. Each supported living home had a copy of the safeguarding procedures and there was an easy read policy for people to review. Staff said that they were aware of the policy and how to access it. There was also a whistleblowing policy that staff were aware of in the event that they needed to report any concerns. For staff who worked on their own with people there was a lone working policy to ensure staff were kept safe.

Assessments were undertaken to assess any risks to the person using the service and to the staff supporting them. These were recorded in their care plan. For example, risk around having a bath and all other aspects of personal care. There was information for staff in the care plans to detail how to reduce the risk of something happening. One person was at risk of scalding themselves in the shower and there was detail for staff on how to reduce this risk. For example, checking the temperature of the water and ensuring that they were there with the person. Other risks identified were around people's behaviours and the impact that this may have on themselves and others. There was detail for staff on how to ensure that the risks to people were minimised.

Staff were aware of the reporting process for any accidents or incidents that occurred. There were separate systems for recording and monitoring incidents and accidents. Staff called the manager to report any incidents and provided them with the information around how the incident was dealt with and these were then analysed by the registered manager.

There were sufficient numbers of staff to keep people safe and meet their needs. One person told us that they were always supported by a member of staff when they needed. Relatives said that there were enough staff to meet their family member's needs. They said that they had never been to any of the services where they did not feel that there were enough staff to support their family members.

Each supported living service had a core team of staff and any gaps in staffing numbers were filled with bank staff. One relative said, "(staffing levels) are okay, there is some turnover but some have been there a while." We found that in one of the supported living properties only one waking night staff was on duty where there should have been two. We spoke with the registered manager about this who has confirmed (and shown us on the staffing rota) that two members of staff will now be available. We reviewed the staff rotas for all of the supporting living services and found that there were always the number of staff on duty we had been told there should be by the registered manager.

People who lived on their own at the service had been given a telephone number to ring if a member of staff was late or had failed to turn up. There was an on call system in place for people to access during the day and out of hours. All of the people who lived on their own were able to call the office independently.

Medicines were safely administered and people received their medicines in the way that had been prescribed for them. Each care file had clear instructions to care staff stating whether the person was to be administered medication as part of the care plan. Individual care plans provided clear instruction to staff on how to administer medicines and highlighted any allergies. The registered manager undertook audits of the medicines charts to ensure that these were completed correctly. The medicines charts were complete and accurate. One relative told us that they were always informed of any changes to their family member's medicine. Following the inspection we were provided with evidence of the PRN (as and when) medicine guidance for staff to ensure that people received PRN when they needed them.

In the event of an emergency, such as staff shortages or bad weather there was a service contingency plan which detailed what staff needed to do to protect people and make them safe. Steps would be taken to ensure that staff who lived close to people (where appropriate) would support them.

People were supported to remain safe because appropriate checks were carried out on staff to ensure they were suitable to support the people that lived at the service. Staff recruitment included records of any cautions or conviction, references, evidence of the person's identity and full employment history. Staff told us that before they started work at the service they went through a recruitment process. However we did raise with the registered that one member of the administration staff had not undergone a recruitment process. We saw on the day of the inspection that people who used the service accessed the office where this person worked.

We recommend the registered provider takes steps to ensure that all staff undergo appropriate recruitment checks in line with The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Is the service effective?

Our findings

People were supported by staff who had the knowledge and skills required to meet their needs. There was an induction programme for new staff. The registered manager confirmed that before working with people for the first time, staff were introduced to the person and informed about their needs. New staff had the opportunity to shadow a more experienced member of staff until they felt confident to work independently. Staff who completed our questionnaire confirmed they undertook an induction that helped prepare them fully for their role.

Staff were provided with up to date guidance and support in relation to their role. The registered manager told us that staff would only undertake duties that they had been trained in. They said that they consulted health care professionals for additional training for example, around particular medical conditions that people may have. Records showed that staff were appropriately trained to undertake their roles and responsibilities. This included training around epilepsy, autism, learning disability and challenging behaviour. In addition staff had completed training around fire safety, basic life support, health and safety, infection control and moving and handling. Staff were undertaking the 'Care Certificate' which is a set of standards around the skills, knowledge and behaviours needed to provide compassionate, safe and high quality care and support. One health care professional told us, "Staff are able to manage challenging behaviour in an appropriate and effective way."

Staff received regular one to one supervisions with their manager. This provided an opportunity for staff to discuss their performance and development. We read that these included discussions around training, objectives and any additional support they may need.

Staff had attended Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) training. This was to ensure that staff had the skills and knowledge to be able to act in accordance with legal requirements to protect people's rights if they lacked mental capacity to make certain decisions. We read that people's capacity was assessed around their personal care and their capacity to choose the care they received.

People were supported at mealtimes to have food and drink of their choice and staff supported people to make healthy choices. Where appropriate staff supported people to make their meals. Staff were given guidance on people's dietary requirements including whether they needed a soft diet, if they had any allergies or were at risk of choking. There was guidance to staff on how to support people to eat their meals. One relative told us, "The food is pretty good, I see them (people) getting a hot breakfast and fruit." Another relative told us that staff monitored their family members eating and drinking and referred them to a health care professional when they had concerns.

People were supported by staff to attend healthcare appointments if needed. Staff and the registered manager liaised with health and social care professionals involved in people's care if their health or support needs changed. For example, people had visits from community nurses and staff worked alongside them to ensure consistency of care for people. We read that people's care files had details of their GPs so staff could

contact them if they had a health concerns. One relative told us that they were, "Pleased" with how their family members healthcare needs were being met. Another relative said that they were impressed by one member of staff who took their family member for their scan.

Is the service caring?

Our findings

People were not always involved in their care planning. One person told us, "I have seen my risk assessments that the service has written and they are inaccurate. I feel that service users should be encouraged to read all documents and sign them rather than having to 'beg' to read them as this would give us a chance to discuss things that we do not agree with."

There was mixed responses from relatives around whether they were involved in their family members care planning. One relative told us that they were never asked to contribute but found it useful to look at the care plan. Another relative said that they did have, "Some input" into the care planning. Whilst another relative said that she and her family member were very much involved in the care planning.

People were not always advised on the choices they could make around who provided their care. Relatives told us that they assumed that their family members had to receive care from Mitchells Domiciliary Care Services whilst living in the supported living accommodation. They assumed that their family member's tenancy and care package was combined when this was not the case. One relative told us, "I've never heard of (the landlord of the accommodation) I assumed that my contract was with Mitchell Care." They explained that they did not know that they were able to have different carers at the accommodation.

We recommend the registered provider ensures that people are involved in their planning of care and are consulted around the choices they can have.

People were not always described appropriately by staff because care plans and care notes were not always written in a dignified and respectful way. For example, one care plan stated, 'X has minimal skills and needs prompts to use them.' Another included information around one person's intimate relations but in a way that was not dignified to the person. One care note stated, 'X was escorted' (to their day centre). We spoke with the registered manager about this who confirmed that notes should not be written in that way and they would address this with staff.

We recommend the registered provider takes steps to ensure that all aspects of care are undertaken in a dignified and respectful way.

People were treated with care, respect and dignity by staff. People confirmed that they were always introduced to any new carer. They said staff treated them with dignity and respect and were always caring and kind. Staff confirmed that they would always treat people with dignity and respect. All of the health care professionals confirmed that they always saw staff treat people appropriately. One relative said that the registered manager ensured that their family member was comfortable with the other people that they lived with. They said, "(The registered manager) chooses support people well and matches them to a service user's personality."

Other people and relatives said that staff communicated well. One relative said, "(Their relative) has really

come out of himself" and felt that staff were able to talk to their family member well.

When asked, 100% of people who completed the questionnaires said that they were happy with the care and support that they received. One person told us on the day of the inspection, "I wouldn't be where I am today without them (the staff)." Relatives told us that staff were caring towards their family member. One relative told us, "(Their family member) is very well looked after." Another relative said, "The carers are always pleasant and welcoming when we visit, they are wonderful." Whilst another relative said, "They do look after her." A further relative told us, "(The family member) really enjoys her life with the very caring staff she has to help her."

On the day of the inspection we observed interactions between one person and staff. The person was very relaxed in the company of staff. Staff showed affection towards the person and they responded to this in a positive way. The person told us that they were being supported well and referred to staff as their, "Lifesavers." People were welcomed into the office by the registered manager and it was clear that staff knew people well. One relative said staff are, "Are wonderful" and expressed how important this trust of staff was with their family member who was unable to communicate verbally.

People were supported in promoting their independence. One relative told us, "The care (the family member) receives is first class, X is a lot more independent now, they always ensure that X has a shower." They told us that this was an improvement from when their family member lived with them. Another relative said, "The carers really try and encourage more independence." Whilst another said, "Carers try to encourage more independence' which I wasn't able to do at home." 89% of the people who completed our questionnaire stated that they believed they were supported to be as independent as they could be.

Is the service responsive?

Our findings

Complaints were not always responded to appropriately. There was a complaints procedure in place however the registered manager was unable to demonstrate how people's complaints were responded to. Relatives told us that when they had raised a concern they didn't always feel listened to by the staff at the service. Comments from relatives included, "I have regular contact with the supported living manager and the director over certain issues, which have not necessarily been resolved yet." Another relative said that when they raised a concern the response from the staff was, "It's none of your business" and another relative said, "Sometimes when you call head office and someone promises to call you back they don't and you are left hanging around wondering if the issue had been resolved."

The lack of response to complaints was a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Staff were given appropriate information around people's needs. Assessments were undertaken to identify people's support needs and care plans were developed outlining how these needs were to be met. The registered manager told us that they visited the person beforehand to discuss their care needs and to establish if these could be met by staff. Care plans were detailed with information readily available in a good order. Care plans gave specific information regarding peoples' medical conditions, care needs and what type of support was needed. For example, there were care plans for people who required additional support around their personal care. These care plans had been written in a way that recognised each person as an individual with their own specific support needs. For example, one care plan stated that, 'X will have a bath and will ask for help to wash his hair'.

Daily records gave clear documentation of care delivered and how each person was during that visit. This ensured that accurate information was available to care workers so that they could meet the needs of the people they supported. Relatives told us that staff kept them informed of any changes to the needs of their family members. One relative said, "If it's anything serious, like in the past where an ambulance has been called I will be informed. They (staff) also let me know when there is a problem."

Detailed reviews of the care plans had been undertaken by the registered manager. This was done regularly and prompted sooner if there was a change in people's needs. Each staff team at each supported living service had regular handovers to discuss any changes in people needs.

From care records and speaking with people, staff and relatives it was clear that each person had the opportunity to be occupied both in their homes and outside. People had access to activities that were important to them and had individual activity plans. For example, people had been to day centres, swimming, shopping and the cinema. One relative said, "X doesn't choose to do much, but I know that if he did want to go to a college course, that the carers would support him. He loves karaoke and the carers take him to Butlins for holidays."

Is the service well-led?

Our findings

There were mixed responses from relatives about whether the service was managed well or not. One relative said, "The care (service) was not particularly well-led, because lots of ideas or improvements suggested were met with enthusiasm but never happened." Another relative said that the, 'house manager' was, "Great" but that, "Mitchells head office are not always supportive of the house, which seems to run very independently and that they don't visit very often." Another relative said, "We struggle to get good communication from (the provider)." However one relative said, "The house where (the family member) is living is well run by the house manager."

Each supported living home had a house manager. Staff did not always feel supported by the management team at the service. One member of staff told us, "The management and directors are very poor in relation to staff; there is very little if any positive feedback for care staff." They said, "The management and directors are not very approachable and seem to brush off lots of issues raised by care staff." However another member of staff told us, "My manager is always available and willing to offer any guidance towards the running of the service as the need may arise."

Effective systems were not in place to monitor the quality of the service that people received. The registered manager told us that there was no, 'risk based approach' to auditing. They said that if they had concerns with one of the supported living services then they would carry out an audit. However there was no evidence that regular audits had taken place at all of the supported living services. In two of the services an audit had not taken place for five months and in another two services an audit had not taken place for four months. The registered manager told us that they would start implementing a schedule to ensure that all services were audited. We saw that discussions took place at a managers meeting in January 2016 around the use of an auditing tool but this was still not happening.

There was no regular audit of care notes or care plans. For example, concerns we identified around the undignified way some notes had been written by staff had not been noticed by the registered manager. They told us that notes were archived and that they usually looked through them to ensure they were being completed appropriately but did not make a record of this.

However where audits had taken place there was evidence that all actions had been completed, reviewed or carried forward at the end of March 2016. Areas examined included the gaps in staff training and one to one supervisions.

There were occasions where people and relatives fed back their positive experiences of the care that they received. We saw from the service quarterly newsletter that people discussed how they had progressed with their lives since receiving care from staff at the service. Within the newsletter we saw that staff had been thanked for their continuing good work.

Accurate records were not always kept by staff. The registered manager told us that when incident and accident forms were completed by staff these were logged onto the computer system and the paper copy

destroyed. There was no evidence of which member of staff reported the incident. It also meant that in the event that the incident or accident needed to be investigated original documents had been destroyed.

People and staff feedback about how to improve the service was not always listened or responded to. Surveys had been undertaken with people, their relatives and staff. However there was no effective action plan in place to manage any areas of concern that had been raised. We were provided with a, 'Customer Satisfaction Survey Analysis' report which stated that social activities needed to be increased. There was no deadline for this action or where the registered manager was in relation to acting upon this. Similarly there was a report around staff feeling undervalued. The report stated that there would be a system set up to 'publicly praise' staff and to encourage managers to help staff feel valued. There was no deadline for this action and we were not provided evidence that these actions had taken place.

Appropriate systems were not in place to assess, monitor and improve the quality of the service, and the records were not always complete and accurate. This is a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager was aware of their responsibilities. Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. The registered manager had ensured that all safeguarding incidents had been reported to the CQC in a timely way.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints The provider had not ensured that people's complaints were acted on appropriately.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had not ensured that there were effective systems to assess and quality assure the service.