

Micbee Care & Employment Limited

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Inspection report

141 Morden Road
Mitcham
Surrey
CR4 4DG

Date of inspection visit:
06 December 2018
21 January 2019

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05 March 2019

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

Micbee Care & Employment Limited is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. At the time of our inspection 21 people were receiving a service.

A registered manager was in post. 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.

At our last inspection in March 2016 we rated the service 'Good.' At this inspection we found the evidence continued to support the rating of 'Good' overall. There was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed from the last inspection.

People using the service and their relatives told us they were happy with the support provided by Micbee Care & Employment Limited. They told us that they had regular staff visiting who were punctual, polite and respectful and communicated with them well. People we spoke with said they would recommend the service to others.

There were systems to safeguard people from abuse. Staff completed safeguarding training and knew how to report any concerns. Staff understood the importance of gaining people's consent before assisting them.

People were supported by staff who were trained, effective and well supported in their job roles. Staff members had been safely recruited and had received an induction to the service.

Staff had access to personal protective equipment (PPE) for the prevention and control of infection.

The service completed assessments of people's needs and these were used to inform the care plan for each person. The service kept people's needs under review and made changes as required. Any risks to people's safety were identified and managed.

People and their relatives felt able to raise any concerns or complaints. There was a procedure in place for people to follow if they wanted to raise any issues.

People using the service and their relatives said that Micbee Care & Employment Limited was well managed and responsive to their needs.

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 remained Good.

Is the service effective?

Good ●

The service remained Good.

Is the service caring?

Good ●

The service remained Good.

Is the service responsive?

Good ●

The service remained Good.

Is the service well-led?

Good ●

The service remained Good.

Micbee Care & Employment Limited

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.

Before the inspection we reviewed information we held about the service including a Provider Information Return (PIR) and any statutory notifications. Statutory notifications include information about important events which the provider is required to send us. A PIR is information that the provider is required to send to us, which gives us some key information about the service and tells us what the service does well and any improvements they plan to make.

We gave the service notice of the inspection visit because it is small and the registered manager was often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Our inspection site visit activity started on 6 December 2018 with a visit to the agency office and ended on 21 January 2019 following telephone calls to people using the service and/or their relatives.

During our inspection we spoke with four people using the service, five relatives, the registered manager and two staff members. We also looked at records relating to the management of the service, including care records, staff schedules, staff training and supervision, spot checks and findings from satisfaction surveys. We also looked at three staff records including the recruitment information held.

Is the service safe?

Our findings

The service continued to make sure that people using the service were safe and protected from avoidable harm.

People told us they felt safe in the care of staff from Micbee Care & Employment Limited and that they received a consistent reliable service. One person said, "It's all been good." Another person told us, "I find them very helpful. I have made improvements since they have been coming." A relative commented, "They do very well for us."

There were procedures in place to minimise the potential risk of abuse or unsafe care. There were no safeguarding concerns at the time of our inspection. Records seen confirmed staff had received safeguarding vulnerable adults training.

People were protected against the risk of avoidable harm. Environmental risk assessments were carried out to help make sure people and staff were kept safe. They covered internal and external areas including fire safety, lighting and entrances to properties. Other risks addressed included medicine administration, moving and handling and any equipment in use. Records showed risk assessments were reviewed on a regular basis or if circumstances changed.

Appropriate systems and processes were in place for the safe management of medicines in accordance with the provider's medicine management policy. The registered manager told us that family members managed people's medicines currently but systems were in place for care staff to do this safely if this additional support was required.

The registered manager monitored staffing levels to ensure sufficient staff were available to provide the support people needed and at the time they required it. We observed the registered manager and care co-ordinator working out how staff would travel to a new client, making sure staff could get there on time. The people supported by the service told us consistent staff visited them who were reliable, punctual and stayed for the correct amount of time. A relative said, "Nearly always the same carers." A person commented, "I have the same ladies." A second person told us, "More or less the same." A staff member confirmed that they were allocated to the same people saying, "Yes I get to know them."

Staff followed infection control guidance and ensured personal protective equipment (PPE) such as gloves and aprons was used when they supported people. This meant people and staff were protected from the spread of infection. One staff member told us, "We get gloves and aprons and any other equipment we need."

Any accidents or incidents were reported and documented. The registered manager informed us any incidents that occurred were addressed and they monitored for trends and patterns. We saw evidence of this in accidents that had happened and action taken to reduce the risk of further incidents.

Recruitment practices were safe. Systems were in place to ensure suitable staff were employed and relevant checks completed. Staff files included proof of the person's identity, references and a Disclosure and Barring Service (DBS) check to ensure staff were suitable for employment in the care sector.

Is the service effective?

Our findings

The outcomes for people using the service remained good. People's feedback confirmed this.

Each person had an assessment of their needs before staff commenced their support package. Following the assessment and in consultation with the person to be supported or family member the registered manager produced a plan of care for staff to follow. This ensured that staff had information about the needs of people and how these were to be met.

People using the service and their relatives told us staff understood their needs and had the right skills and knowledge to carry out their care roles. One relative said, "They are very thorough." Another relative told us, "Yes they are trained." A third relative commented, "They are well trained. They are very good with [person]."

A training programme ensured people were supported by staff who had the right competencies, knowledge, qualifications and skills. Some staff had attained the Care Certificate which is an identified set of 15 standards that health and social care workers adhere to in their daily working life. Other staff were working towards this qualification. New staff shadowed experienced care workers for a number of calls until they were confident to provide support independently.

Staff records showed that mandatory training was provided to staff and this was refreshed as required. Provided courses included moving and handling, life support, safeguarding and health and safety. A system for structured supervision of staff was in place to regularly review their practice and focus on their training and professional development. Records showed that staff were reminded of key policies and procedures and given prompts to read client information during these one to one sessions.

People were happy with the way staff supported them with their meals where this service was provided. Care plans seen confirmed people's dietary needs had been assessed and any support they required with their meals documented.

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.

We checked whether the service was working within the principles of the MCA. People told us that staff talked to them and they were able to give informed consent to the care they received. Involved relatives said that staff consulted with them about any changes to the care being provided. A relative said, "If there is something then one of the carers usually draws it to my attention. We have a discussion. It works pretty well."

The service worked well in partnership with other health and social care professionals to ensure people's

health needs were met. People we spoke with said their general health care needs were co-ordinated by themselves or their relatives. Records showed that the service regularly worked with some health and social care professionals, particularly around co-ordinating packages of care and in providing end of life care. Contact numbers for these professionals were documented in people's records for staff to use where necessary.

Is the service caring?

Our findings

The service continued to support and treat people with dignity and respect. They involved them and their relatives as partners in their care.

People supported by Micbee Care & Employment Limited told us they were treated with kindness, respect and sensitivity. One person said, "They are polite." Another person said, "Its a pleasant atmosphere." A third person commented, "They are very caring." A relative told us, "They [care workers] are so nice."

The service ensured people had support from regular staff so they got to know staff and that staff got to know them. One person said, "They've been brilliant. They know me." Comments seen in recent telephone questionnaires carried out by the service included, "The care workers are very patient", "They are very good" and, "[Staff member] makes me laugh and [second staff member] is very good." One person told us they received the support they required to maintain their independence saying, "They let me try."

People using the service all told us staff were respectful and they were treated with dignity when supported with personal care needs. Regular checks were carried out on staff in the field to look at their approach to the person and their conduct. Policies and procedures addressed dignity and respect and staff had to sign to say they had read these.

The registered manager told us they always tried to match staff with each person looking at their background, interests, personality, culture and religion. This helped to develop relationships and opportunities for interaction. The member of care staff was introduced to the person and the service would check to make sure things were working well and the person was happy with the service provided.

Care records contained some evidence of the person or a relative having been involved with developing the care plan. This varied as to whether the person could do this themselves or if they had a representative to complete an individual service plan document.

Is the service responsive?

Our findings

The service continued to meet people's care and support needs through good organisation and delivery.

One person told us, "They have been a Godsend." A relative said, "They have been such a help. I could not have managed without them." People told us they had regular visits by the same staff and felt able to talk to them as to how they wanted their support provided. A relative commented, "I might mention something to them and then we come to an agreement." One person said, "We have a jest together. They communicate well."

People and / or their relatives were able to contribute to the planning of the care and support provision. Before they agreed to provide support to people, the service visited them to complete an assessment of their needs and talk about the support they required. A care plan was then written based on their identified needs and outcomes wanted from the service. A six-week review was then completed to make sure all was working well followed by formal annual reviews thereafter. One relative told us, "They initially came to see us and then came again for a review to make sure everything was working well."

People using the service told us the care and support they received was in line with their preferences and established routines. An individual service plan document was completed by people or relatives if able or available. This gave their views on the desired outcomes from the service.

The care plans we looked at detailed the support people needed for their personal health and social care needs. These were based on care plans provided by commissioners with important information about the person added from the service's own assessment and then as staff got to know the person. For example, we saw some good detail added to one person's plan about how to recognise when they became anxious or upset.

Records showed the service regularly reviewed people's care plans to make sure they had up to date information about their support needs. Records included evidence of telephone questionnaires and regular spot checks by senior staff including of the care documentation in place at the person's home. Daily care records were completed by staff at the end of each visit. These recorded a summary of the care and support provided including information about any changes in care needs.

People using the service and their relatives felt able to raise any concerns or complaints. A relative said, "Yes I feel able to do that. I would ring the number I have been given"

The service had a complaints procedure which was made available to people they supported and their relatives and representatives. The procedure was clear in explaining how a complaint should be made and reassured people these would be responded to appropriately. There was a system in place for recording complaints. This included recording the nature of the complaint and the action taken by the service.

Is the service well-led?

Our findings

The service remained consistently well-led and managed.

An experienced registered manager was in post who was responsible for the day-to-day running of the service. 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 and associated Regulations about how the service is run.

People supported by Micbee Care & Employment Limited and their relatives told us they were confident in the quality of the service and felt able to recommend the agency to others. One person commented, "100% I would recommend."

A staff member told us that they could go to the office to discuss any issues they had. They said that the manager and senior staff "take it on board."

There was a clear leadership structure in place. The registered manager was also the managing director of the business. They were supported by a care co-ordinator and an administrator in overseeing the overall operation of the service. The registered manager and her staff team were experienced, knowledgeable and familiar with the needs of the people they supported. One person told us, "They helped me get an occupational therapist so I could get the right equipment." Another person said, "They let me know who is coming and if someone is off."

The registered manager had systems and procedures in place to monitor and assess the quality of their service. They had carried out a satisfaction survey to obtain feedback from people using the service and/or their relatives. Recent feedback showed that people were very happy with the quality of care they received. Comments included, "The quality of care was superb", "They [care staff] supported the whole family through a very difficult time" and "We could not have been happier with the level of care received from Micbee."

Feedback was also obtained from people through care review meetings and spot checks of individual staff carrying out their duties. These were in place to confirm staff were punctual, stayed for the correct amount of time allocated and people supported were happy with the service. Care records were also monitored during these visits. One person told us, "They've come round a few times to do spot checks. They are watching what the carers do." Feedback seen in spot check documentation included, "I'm amazed at how patient the carers are" and "Carers come when expected. They do a great job with [person]."

There were systems in place to ensure the security of confidential information. There were secure password log ins for the computer systems in use and paper records were also kept securely. The service also ensured that their current CQC rating was displayed conspicuously on their website as required by the Regulations.