

MIC Healthcare Solutions Limited

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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 responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

MIC Healthcare Solutions is a domiciliary care agency providing personal care to older and younger adults who may be living with a learning disability, dementia or a physical disability, living in their own houses or flats. The service was supporting 12 people with personal care at the time of this inspection.

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 and their relatives were positive about the kind and caring support they received. One person told us, "[Staff] have been great and helped me a lot. I am delighted with the care I get from the service."

People were kept safe by staff who were trained and had good knowledge about safeguarding people from abuse. Risks to people were assessed and mitigated as far as possible. People received safe support with their medicines. Staff had training and followed good infection control practices. There were enough staff to keep people safe and people received support from a consistent and reliable staff team. Staff had the training, supervision and knowledge to do their jobs.

People's needs were thoroughly assessed before they began using the service. People received support to eat and drink according to their support needs and preferences. Staff supported people to see health professionals if this support was required. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff supported people according to their preferences, likes and dislikes. Care plans were centred around people's wishes and preferences as well as their physical care needs. People were supported to do things that were important to them and access the community if this was their choice. There was a complaints procedure in place at the service and complaints were promptly responded to. People received respectful and dignified care at the end of their lives.

People and their relatives were very positive about the management of the service. The management team had promoted a positive culture in the staff team. Audits and checks were completed in all areas to identify improvements and actions were put in place to help ensure these happened. People and the staff team were asked for feedback about the service and this was used to inform how the service developed. The management team and staff linked with external professionals to learn and put in place best practice guidance.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection (and update)

The last rating for this service was requires improvement (published 30 August 2019) and there was a breach of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out an announced comprehensive inspection of this service on 31 July 2019. A breach of legal requirement was found. The provider completed an action plan after the last inspection to show what they would do and by when to improve with regards to the breach in good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective, Responsive and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for MIC Healthcare Solutions on our website at www.cqc.org.uk.

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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

MIC Healthcare Solutions

Detailed findings

Background to this inspection

The 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

This inspection was carried out by one inspector.

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 two managers 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

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 05 May 2021 and ended on 07 May 2021. We visited the office location on 06 May 2021.

What we did before the inspection

We reviewed information we received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with two people who used the service and five relatives about their experience of the care provided. We spoke with seven members of staff including the provider, registered managers, senior care workers and care workers.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. 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 the evidence that we had requested from the provider for the inspection process such as quality assurance and training records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe by staff who had good knowledge about safeguarding vulnerable adults from abuse. Staff knew who to report safeguarding concerns to both internally and externally. One person said, "I feel very safe being supported by [staff] because they know what they are doing."
- The registered managers took safeguarding seriously and used any incidents as an opportunity to review people's care records to help ensure they were kept safe. A relative told us, "[Family member] is very safe. [Staff] know everything that they need to ensure their safety."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- The registered managers assessed any risks to people and put measures in place to mitigate these. People had risk assessments in place in areas such as moving and handling, eating and drinking and using their home environment. One person told us, "I have [health condition] so staff must be very precise when they support me. [Staff] are good with this and know what they are doing."
- Lessons were learnt, and staff were updated following any incidents which resulted in updates to people's risk assessments. The registered managers had made improvements to people's risk assessments based on feedback from CQC and other professionals.

Staffing and recruitment

- People and the staff team told us staffing levels were safe. People received care at the times they needed it from a consistent staff team. People and relatives told us, "There has been a lot of sustainability of staff which gives [family member] a good relationship with them." and, "[Staff member] has been with me since the beginning and I have a good relationship with them."
- The provider carried out the required recruitment checks to ensure staff were suitable for the job roles they applied for.

Using medicines safely

- Staff had the training and knowledge to support people safely with their medicines. The registered managers checked staff knowledge and practice regularly and were trained to do this.
- The registered managers put detailed plans in place about medicines which included as and when required (PRN) medicines and staff knew these well.
- One person said, "[Staff member] sorts out all the medicines for me. They know what they are doing and record it all in the care plan."

Preventing and controlling infection

- Staff received training in infection control. The registered managers had put extra measures, training and policies in place in response to the COVID-19 pandemic. Staff told us they were very well supported during the pandemic and had the correct personal protective equipment (PPE) and access to testing.
- People and relatives told us that staff followed good infection control measures and kept their homes clean.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The registered managers completed detailed assessments of people's needs to ensure they could support them. Assessments focused on emotional needs, likes and preferences as well as physical care needs. A relative told us, "[Registered manager] came and asked lots of questions about [Family member]. When the staff came for the first visit [Registered Manager] was with them and already knew what was important to my family member. It was clear the information had been shared and this was very reassuring."
- The registered managers spoke to us about how they stayed up to date with best practice and used this to inform the assessment process. There had been improvements to this process based on feedback at our last inspection. This included being more person-centred in the way that assessments were completed.

Staff support: induction, training, skills and experience

- Staff spoke to us about the training, supervision and competency assessments they had and how this made them feel well supported. Staff were knowledgeable in the areas they were trained in. One person told us, "I would say [staff] are very well trained. They all seem to know exactly what they are doing."
- The registered managers kept records of training and supervisions. In addition they completed observations of staff working and used this to help inform their practice.

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

- People received support to eat and drink if this was necessary. The registered managers put detailed plans in place which guided staff how to safely support people with varying diets and staff understood these.
- People were positive about the way that staff supported them with their meal. One person said "I [follow specific diet] and the staff all know what I like and do not like. I always try new things they cook me as well."

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

- The registered managers and staff team acted promptly where they identified people needed health support. For example, organising and putting new equipment in place where a person needed more support with mobility.
- Health professionals such as physiotherapists, speech and language therapists and GP's were consulted when people needed support.
- People's care plans contained information about how to support them to stay healthy and staff were knowledgeable about people's specific health needs.

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

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.

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.

- Where people lacked capacity, assessments were completed, and decisions were made in their best interest. These discussions involved people's family members and relevant professionals.
- Staff received training in the MCA and knew how to apply this in their job roles. Staff gave examples where they offered choice to people and asked for their consent whilst supporting them.
- One relative said, "[Family member] gets quite upset a lot of the time but [staff] always give them a choice and this works well to help [family member] feel at ease."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to 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 and relatives were positive about the care they received. Relatives told us, "[Staff] have made a real effort to get to know [family member] well and know how [family member] likes to dress and what they like to eat." and, "[Staff] know [family member] so well down to the way they like their personal effects placed on the table. There is a personal touch to the care that [staff] give."
- The registered managers and staff team put a focus on supporting people according to their preferences, likes and dislikes. Staff knew what was important to people and ensured they adhered to people's wishes. Care plans contained detailed information about people's personal preferences.

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.

- Staff had the training and knowledge to support people according to their communication needs and this was detailed in people's care plans. A relative said, "[Staff] are well trained to talk with [family member] and I commend them as it is not an easy thing to do all the time."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to access the community if this was their choice. People were supported to see their family members and relatives gave positive feedback about the support they and their family member had received during the COVID-19 pandemic. One relative said, "[Staff] supported [family member] to various events such as community coffee mornings and this meant a lot to my [family member]."

Improving care quality in response to complaints or concerns

- People and their relatives knew how to make a complaint and said that they had no concerns in doing this if they felt they needed to.
- The registered managers kept a log of complaints and actions taken to resolve them. These were reviewed for any trends or possible learning. The registered managers and staff team had also received a lot of compliments and these were shared with the staff team.

End of life care and support

- People were supported with dignity and respect at the end of their life. Staff were trained in end of life care, including pain management. People had detailed plans in place detailing their preferences and wishes at this time of their life. These had been improved following our last inspection.
- Staff worked with other professionals such as nursing and the palliative care team to ensure that people received the correct support at the end of their lives. One relative told us, "[Family member] is on end of life care and [staff] are keeping them as comfortable as possible and making it seem as 'normal' as possible for [family member]. [Staff] really are excellent with this support."

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to 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; 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

At our last inspection systems were either not in place or not robust enough to enable the provider to test the care provided and respond to shortfalls. This placed people at potential risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The registered managers completed audits in all areas of peoples care and staff performance to ensure that people received safe and good quality care. Audits covered areas such as medication, care plans staff training and competency. Action was taken where areas for improvement were identified.
- The staff and management team were aware of their roles and responsibilities. The registered managers were keen to keep improving the quality of the service and had plans in place to safely increase the number of people they supported.
- The registered managers were open and honest when things went wrong and told people about actions, they took to ensure that lessons were learned.
- The registered managers informed authorities such as CQC or the local authority about any notifiable incidents.

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

- The registered managers had instilled a positive culture in the staff team. Staff were passionate about supporting people according to their personal preferences and supporting people have the life they chose whilst using the service.
- People and their relatives were very positive about the support they received. One person told us, "I have nothing but good experiences to talk about. [Staff] know exactly how to support me down to the minute I like to get up. I would recommend the service to anyone else."
- Relatives said, "The service we receive has been brilliant since day one. Nothing has been too much

trouble." and, "I trust [staff] wholeheartedly. They have the personal touch and [family member] thinks they are all brilliant."

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

- People and their relatives were asked for feedback about the service both formally through surveys and informally through talking to staff and the registered managers.
- Staff were asked to feedback about the service in supervisions and team meetings. Staff told us they felt they were involved in decisions made about the service.
- Feedback about the management of the service was very positive. Relatives told us, "[Registered manager] is very good. They are in constant touch with us and call or visit [family member] all the time which gives us piece of mind." and, "I cannot fault [registered manager]. I have recommended this service to several other people so this should show how fantastic this service is."

Continuous learning and improving care

- The registered managers were committed to continuing to improve the service and spoke t us about the plans they had to do this.
- There had been a lot of improvement at the service since our last inspection and action plans were updated to promote continual improvement. Improvements included more detailed risk assessments and audits as well as a greater focus on meeting people's peroneal preferences.

Working in partnership with others

- Registered managers and the staff team had links with external professionals to ensure that people were receiving the correct support.
- The registered managers linked with other local services to share best practice and continually update ways of working in line with current best practice guidance.