

MiHomecare Limited

# MiHomecare - Raynes Park

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

MiHomecare Raynes Park is a domiciliary care agency providing personal care to 170 people at the time of inspection. The service provides support to older people.

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

Governance processes needed improvement to ensure they promptly rectified issues in relation to medicines administration recording, staff training and audits. Care records would have benefitted from additional personalisation.

Risk management plans were sufficient in responding to identified need. Staff arrived on time for calls; or communicated with the office or people where there were delays. Incidents and accidents were effectively investigated.

Staff received regular supervision and competency checks to ensure they were skilled in carrying out their role. People were supported to access other healthcare professionals and with their eating or drinking needs.

People and their relatives found staff to be caring. People's support needs were respected and they were treated with privacy and dignity, Where able to do so, people were supported to be independent.

Care records reflected people's needs. Where people wished to express their end of life wishes these were recorded. Complaints were appropriately responded to.

People, relatives and staff were positive about the management of the service and support they received. Staff felt supported to undertake their roles and raise any feedback.

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.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 27 February 2019).

## Why we inspected

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

## Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified a breach in relation to good governance. We have made recommendations in relation to medicines management and training.

Please see the action we have told the provider to take at the end of this report.

## Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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?

Requires Improvement ●

The service was not always 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?

Requires Improvement ●

The service was not always well-led.

Details are in our 'well-led' findings below.

# MiHomecare - Raynes Park

## 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 Health and Social Care Act 2008.

#### Inspection team

This inspection was carried out by two inspectors. An Expert by Experience made phonecalls to people or their relatives.

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 and specialist housing.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 08 August 2022 and ended on 12 August 2022. We visited the location's office on 08 August 2022.

### What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We reviewed information we held on our system about important incidents. We used all of this information to plan our inspection.

### During the inspection

We reviewed seven people's care records and six staff files. We spoke with nine members of staff. This included three care workers, two care co-ordinators, a field care supervisor, the regional manager, clinical and support manager and registered manager. Following the inspection, we spoke with 13 people or their relatives. We also reviewed a range of documents in relation to the management of the service; such as policies, audits and call monitoring data.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good.

This meant people were safe and protected from avoidable harm.

### Using medicines safely

- We identified issues with the recording of medicines administration at the time of our inspection. Where 'as required' [PRN] medicines were administered staff did not always confirm the reason or their administration. They were also some omissions with people's MAR that had not been identified by the provider's audits. We could not be assured people always received their medicines when they needed them. The provider had not identified this during their audits.
- Staff were aware of the importance of reporting any medicines concerns with the registered manager immediately and confirmed they would call 111 and the G.P should they have any concerns.
- A relative said, "They administer his medicines every day, never missed. He has a blister pack so they watch him whilst he`s taking them. If there are any tablets left they say 'you`ve missed one'."

### Systems and processes to safeguard people from the risk of abuse

- People were protected against the risk of harm and abuse as staff members knew how to identify, respond to and escalate suspected abuse.
- One staff member told us, "I would raise a safeguarding with the registered manager and the local authority." All staff spoken with during the inspection told us they would be confident in reporting poor practice should the need arise.
- Record showed that the provider liaised with the local authority and undertook appropriate investigations when allegations occurred.

### Assessing risk, safety monitoring and management

- Risk management plans ensured identified hazards were mitigated to keep people safe.
- These covered for example, mobility, personal care, nutrition, skin integrity, medicines and the environment. Where people required support, steps staff needed to follow to mitigate the likelihood of risk occurrence were clear.
- Staff confirmed they would notify the registered manager if new risks had been identified, this was then shared with all staff instantly through their electronic devices.
- The provider ensured any potential risks within people's premises were clearly identified, and areas such as fire safety were regularly discussed at team meetings.

### Staffing and recruitment

- People and their relatives told us they were usually informed if staff were running late. Comments included, "They always arrive on time-they are never late", "They do arrive on time and would ring me if

there was any problems", "Generally on time, maximum 10 minutes late."

- All staff spoken with during the inspection told us there were adequate numbers of staff deployed to keep people safe. Comments included, "I think we have more than enough staff. Staff are really willing to help out if someone phones in sick, and if there are no carers to cover a care coordinator will [cover the visit]."
- Staff were safely recruited. This included records of previous employment history, proof of identity and suitable references. Staff undertook Disclosure and Barring Service (DBS) checks. DBS provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### Preventing and controlling infection

- The provider was using PPE effectively and safely.
- The provider was responding effectively to risks and signs of infection.
- The provider's infection prevention and control policy was up to date.

#### Learning lessons when things go wrong

- Incidents and accidents were reviewed to ensure that lessons were learned.
- Full investigations took place and clear actions taken to prevent future reoccurrence. Trends and analyses were shared with the staff team during team meetings.



# 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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- People did not always receive care from staff that had the necessary skills and knowledge to effectively meet their needs. We reviewed the training matrix and found instances of where staff training had lapsed without refresher training for a specific period of time. For example, not all staff had received up to date safeguarding training. We raised this with the registered manager; however we did not receive a response following our feedback.

We recommend the provider their training matrix and take action to ensure staff training is fully up to date.

- Despite our findings, people and relatives told us they thought staff were well trained. Comments included, "Yes, they get him out of bed with the hoist, which we have had for about two months, it's all fine as they know what they [staff] are doing."
- Staff spoke positively about the training provided. Comments included, "All the training is online but there are some workshops you can attend." Staff were regularly competency assessed and spot checked.
- Newly recruited staff members underwent an induction process to familiarise themselves with people, the policies and expectations of the role. Staff confirmed they shadowed more experienced staff prior to working without direct support.
- Staff were regularly supported through supervisions, to allow them to reflect on their working practices. This included themed supervisions in specific areas where additional needs were identified.

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

- People's needs were assessed prior to them commencing their care package. Where people were placed by the local authority there was a record of agreed assessment needs and care delivery hours.
- Care was delivered in line with best practice guidance, such as the use of the malnutrition universal screening tool for people's nutritional needs.

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

- Care plans detailed people's food and drink preferences and any specialist dietary requirements. People and relatives told us that staff offered choices with their meals and supported them in line with their wishes.
- Where people needed specific support with eating or drinking there was guidance for staff to ensure they were able to do safely.

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

- People were supported to access healthcare services when required. Care and office staff were clear on how to highlight changes to people's needs to ensure that timely support could be obtained.
- Some people told us that care staff supported them with healthcare appointments; whereas others were supported by family and friends. Where the provider had liaised with other healthcare professional such as physiotherapists, people's care records were updated.

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 MCA 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.

- People's consent to care and treatment was sought prior to being delivered. Care plans detailed people's capacity to make specific informed decisions.
- Staff had a clear understanding of their role and responsibilities in line with legislation. One staff member told us, "If someone has a condition that affects their decision making and ability to make decisions, or if they are unable to make a decision, I would speak with the relative and discuss it with them."
- People and relatives told us their consent was sought. Comments included, "Yes, they always ask my consent and I rise quite early."

# 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.

At our last inspection we rated this key question good. The rating for this key question has remained 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

- People and their relatives told us they felt well supported. Comments included, "Absolutely [caring], I've no complaints. To be honest, we couldn't function without them" and "I get on great with them, especially [named carer]", "Very compassionate, confident, kind and they engage his brain by talking to him [person]."
- Staff were clear on how to recognise and support any cultural or religious beliefs. People told us that where they engaged in religious practices staff respected their faith.

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

- People were supported to make decisions about their care delivery. Care plans were regularly reviewed to ensure that where people's needs changed staff were clear in how people liked to be cared for.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were respected. Feedback received included, "The carers talk to him [person] and handle him gently", "They encourage me to do my exercises and help me by going to the shops" and "They close the curtains and the door and knock on the door and shout '[Person], we're here'."
- Staff were able to provide examples of the ways in which they supported people to be independent in their day to day living. They told us, "I ask if they want to do something by themselves, if able to do so. We can risk assess and see if able to do something on their own, if they're comfortable to. The main thing is ask them and if not in the mood, then I can encourage, if they've done it before."

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained 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 received care and support that was tailored to their individual needs and preferences. However, we identified that not all care plans were always specific across all areas of care delivery. We raised this with the registered manager who told us they would take our feedback on board.
- Care plans contained information in relation to people's medical diagnosis, mobility needs, level of support and a detailed life history. Care plans were regularly reviewed to ensure they accurately reflected people's changing needs.
- People were supported to ensure they received care from staff they had a good relationship with. A relative said, ""They [provider] asked which carer`s we would like to attend so she gets the carer`s she wants now.""
- A staff member told us, "[The care plan] outlines the review from [the local funding authority] and the care needs people have, [including] their preferences." We would report back to [the local funding authority] to carry out a review if [the care plan] doesn't reflect their needs and we also carry out a review."

We recommend the provider ensure that full care plan content includes a full overview of people's preferences in all aspects of care delivery.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were met, and their communication preferences were clearly recorded in their care plans.
- Staff ensured people had access to information in formats they could understand, for example information was provided in braille, audio, large print, child friendly and in people's preferred language.

Improving care quality in response to complaints or concerns

- People were aware of how to raise a concern or complaint.
- The service had a complaints policy in place which clearly identified how to complain, how the complaint would be dealt with, timescales and outcomes.
- The complaints policy was made available to people in a number of formats, for example in easy read and

via an audio recording.

#### End of life care and support

- Care records showed that people were asked whether they wished to express their end of life wishes. Where they chose to do so, these were recorded within people's care files and included liaison with relatives.

# 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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of 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

- We identified that improvements were needed to records management and oversight of the service. Staff training was not always up to date, medicines audits had not identified the issues we found in relation to MAR completion and accuracy. People's care records would have benefitted from additional personalisation.

The above issues are a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- The registered manager had a clear understanding of their role and responsibility in line with legislation. The registered manager notified us of incidents in a timely manner.
- The registered manager was aware of the importance of apologising when things went wrong under the duty of candour.

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

- The culture of the service was positive and inclusive. People and relatives said, "Yeah, It's really hard work and I'd give them nine out of ten-they are excellent people."
- Staff spoke highly about the registered manager and management team as a whole. Comments included, "[The registered manager's] lovely and very helpful. I'm comfortable to go and speak with her and she's always here" and, "I find [the registered manager] easy to approach if there are any problems, she also shares our joy."

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

- Staff confirmed the management team were keen to receive feedback and took on board staff members' suggestions. One staff member said, "We can go to [the registered manager] with any ideas that may help the business. We can all make suggestions as we are a close team."
- People, relatives and staff were regularly asked to completed feedback surveys. When feedback was

received the findings were collated to ensure inclusion in the service's improvement plan.

Continuous learning and improving care; Working in partnership with others

- People benefited from a service that sought partnership working with healthcare professionals and other interested parties to drive improvements.
- Records showed where guidance was provided, this was then implemented into the delivery of care.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Governance systems were not effective in ensuring staff received up to date training or that records were always contemporaneous or up to date.