MiHomecare Limited

MiHomecare Islington

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
MiHomecare is a domiciliary care service which provides personal care and support to people in their own homes. At the time of the inspection there were 570 people using the service. People using the service lived within the London Boroughs of Islington (515 people) and Tower Hamlets (55 people) and had their service commissioned by the local authorities.

People's experience of using this service and what we found
People's experience of the service was positive. A relative of one person using the service told us, "My relative feels absolutely safe with the carers." This view of the service was repeated by everyone we spoke with.

People who used the service were protected from the risk of harm and abuse. There was a safeguarding system and care workers knew how to identify and report concerns. Where safeguarding concerns had been identified, the registered manager had taken appropriate action.

There were effective systems and processes in place to minimise risks to people. Risks had been identified, assessed and reviewed. The assessments provided information about how to support people to ensure risks were reduced.

Care workers had been recruited safely. Pre-employment checks had been carried out to help the service make safer recruitment decisions and prevent the appointment of unsuitable people. This meant only suitable applicants were offered work with the service.

There were enough care workers deployed to keep people safe. People told us care workers were always on time and stayed for the allotted time.

There were systems in place to ensure proper and safe use of medicines. People's relatives told us people received their medicines on time.

People were protected from the risks associated with poor infection control. Care workers were supplied with appropriate personal protective equipment (PPE), including gloves and aprons

There was a process in place to report, monitor and learn from accidents and incidents. Accidents were documented timely in line with the service's policy and guidance.

There was an effective training system in place. Care workers demonstrated good knowledge and skills necessary for their role. They received regular supervision and annual appraisal, including monthly spot checks to monitor their performance when supporting people.

People's health needs were met. Their care was co-ordinated with a range of health and social care professionals to ensure people's health were met.

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.

People told us staff were kind and caring and treated them with dignity and respect. They felt that care workers treated them fairly, regardless of age, gender or disability.

People received person centred care. Their assessments showed they had been involved in the assessment process. Care workers were knowledgeable about people's needs. They could describe to us how people liked to be supported.

The service had a range of quality assurance processes, which included, annual surveys, regular unannounced spot checks and telephone calls, audits and a complaints system. This was used to drive improvements. People told us they were asked of their views about the quality of the service.

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)
This service was registered with us on 9 January 2019 and this is the first inspection.

Why we inspected
This was a planned inspection based on our timelines for inspecting newly registered services.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-Led findings below.

MiHomecare Islington

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
The inspection team consisted of one inspector and two Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type
MiHomecare is a 'domiciliary care service' where people receive care and support in their own homes. Therefore, the CQC only regulates the care provided to people and not the premises they live in.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
This inspection was unannounced.

We gave the service 48 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.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection
We spoke with 23 people who used the service and 19 relatives about their experience of the care provided. We spoke with 12 members of staff, including the operations director and the registered manager.

We reviewed a range of records. This included 15 people's care records and multiple medication records. We looked at 12 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 training data and quality assurance records. We spoke with two professionals who regularly visited the service.

Good

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People who used the service were protected from the risk of harm and abuse. There was a safeguarding system to support care workers to understand their responsibilities to protect people from avoidable harm.
- Relevant policies were in place, including safeguarding, whistleblowing and harassment policies. Care workers had received training in how to raise concerns. They were also aware they could report allegations of abuse to the local authority safeguarding team and the Care Quality Commission if management had taken no action.
- A relative told us, "My relative is safe with the staff. He looks forward to them coming. Carers make sure my relative is safe by locking the door. My relative has a wrist alarm too in case he falls."

Assessing risk, safety monitoring and management

- There were effective systems and processes in place to minimise risks to people. Risks had been identified, assessed and reviewed. This included those arising from medical conditions, nutritional choices and environmental hazards.
- One person was identified to be at risk of falls. Their care plan identified steps needed to support them, including use of a Zimmer frame and observing any obstructions. The same approach was repeated across the range of risk assessments in place for other people.

Staffing and recruitment

- Care workers had been recruited safely. Pre-employment checks had been carried out. Checks included, at least two references, proof of identity and Disclosure and Barring checks (DBS). The DBS helps employers make safer recruitment decisions and prevent the appointment of unsuitable people. These checks helped to ensure only suitable applicants were offered work with the service.
- There were enough care workers deployed to keep people safe. An electronic scheduling, monitoring system was in place. This allowed monitoring of staff in real time.
- People told us care workers were always on time and stayed for the allotted time. A relative of one person told us, "Staff are on time and will contact me if there is anything untoward when they get there. They flag things up to management but also keep me in the loop which I am grateful for."

Using medicines safely

- People received their medicines safely. There were systems in place to ensure proper and safe use of medicines. There were policies and procedures in place including, the guidance from the National Institute for Clinical Excellence (NICE).
- Medicine administration records (MAR) were completed appropriately and regularly audited.

● People told us they received their medicines on time. A relative told us, "We have discussed how we can best make sure our relative has their tablets. We have agreed that the carer will put it in a glass for her and ring in the evening to prompt my relative to take it, so far it is working."

Preventing and controlling infection

● People were protected from the risks associated with poor infection control because the service had processes in place to reduce the risk of infection and cross contamination.

● Care workers were supplied with appropriate personal protective equipment (PPE), including gloves and aprons.

● One person told us, "Staff are being very good. They wash their hands when they get here and put on gloves and aprons." A relative said, "I feel my relative is safe. Staff know what they need to do and get on with it. They wear gloves and uniform and use hand gel."

Learning lessons when things go wrong

● There was a process in place to monitor any accidents and incidents. Accidents were documented timely in line with the service's policy and guidance. These were analysed by a quality governance board for any emerging themes.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Care workers were knowledgeable about people's needs. They had completed essential training and we saw from records they were up to date. New staff completed an induction using the Care Certificate framework before starting work. The Care Certificate is a method of inducting care staff in the fundamental skills and knowledge expected within a care environment.
- Newly employed care workers also shadowed experienced members of staff until they felt confident to provide care on their own. This ensured they were prepared before they carried out their first visit to people's homes.
- A relative told us, "Staff are well trained. My relative uses an [aide for her medical condition] and staff know exactly what they are doing to make her safe. They know how to communicate with my relative and get the best from her. They are calm and gentle with my relative and I completely trust them."
- Staff received regular supervision. Care workers who had been at the service for longer than 12 months also received an annual appraisal, including monthly spot checks to monitor their performance when supporting people.

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

- People's nutritional needs were met. Whilst people's relatives mostly prepared people's meals, where required, care workers supported people to prepare and eat their meals. In some examples, care workers, also helped people with shopping and food supplies.
- One person told us, "Staff ask what I fancy that day and heat it up for me. I don't go hungry". A relative told us, "Staff will make a sandwich at lunch and then prepare a meal for the evening depending on my relative's choice." Another relative said, "Staff will get my relative breakfast and always make sure my relative has a drink before they leave"

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

- People's health needs were met. Their care plans identified their needs and input from a range of professionals, including GP, speech and language therapists, occupational therapists and physiotherapists.

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.

●The service was working within the principles of the MCA. Care workers obtained consent from people before they could proceed with any task at hand.
● People told us they were aware of their care plans and had been involved in their development. They told us their consent was always sought. One person told us, "I was involved in setting up the plan in the first place and care staff have been very good. They have been marvellous".
● Care records documented whether people had capacity to make decisions about their care. People, or their legal representative, signed care plans to give their consent to the care and support provided. This confirmed that decisions had been made in their best interests and by whom.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

● People told us staff were kind and caring and treated them with dignity and respect. A relative told us, "All staff are very caring and treat my relative so well. They are an improvement on the last company we had." Another relative said, "All the carers have been really good. I even have one who lives around the corner from my relative, who contacts me and offer to pop round if I was at all concerned. Another stayed with my relative after an alarm went off and waited until the engineer came. She even organised her childcare so she could stay. They have all been excellent."

● People felt that care workers treated them fairly, regardless of age, gender or disability. The registered manager and staff understood the importance of treating people fairly, regardless of differences. The service had relevant policies in place, including, equality and diversity policy.

● Practical provisions were made to support people's diversity. People were matched with care workers on grounds of mutual language, religion and culture. For example, people who spoke Bengali were matched with Bengali speaking carer workers.

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

● People told us they had been fully consulted about their care. One person told us, "I was involved in putting together the care plan and I know they are doing what they can. I am happy they are taking every precaution they can. I put my trust in them". A relative told us, "The package came through from social services and my relative was very involved. The plan is working quite well, and my relative's needs are met."

● People were provided with information in the most accessible format to enable them to be involved in their care. For example, the service had access to an IT system that could translate other languages. This meant people understood and took an active part in assessments and planning of their care.

Respecting and promoting people's privacy, dignity and independence

● People's privacy, dignity and independence were respected. Their support plans described how people should be supported so that their privacy and dignity were upheld. This was followed by care workers.

● One person told us, "I am attended to by pleasant care workers. They treat me well. They make sure they look after my privacy by covering me up when they are washing me. They do lots for me."

● People were supported to maintain their independence.

● People's relatives told us about how staff took time to support people to participate as fully as they could. A relative said "All the staff are kind and caring. They understand my relative is a very private person. They support my relative have a wash each day and help with the areas [they] can't reach. They make sure my relative's privacy is looked after."

●Care records were stored securely in locked cabinets in the office and, electronically. The service had

updated its confidentiality policies to comply with the General Data Protection Regulation (GDPR) law. The GDPR law came into effect on 25 May 2018. It is Europe's new framework for data protection laws.

Good

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

● People received person centred care. Their support plans showed they had been involved in the assessment process. Their relatives were involved wherever possible. One person told us, "I was involved in putting together the care plan and I know they [care workers are doing what they can although I would like longer visits. I am happy they are taking every precaution they can."

● People received support that met their individual needs. Care workers were knowledgeable about people's needs and could describe to us how people liked to be supported.

● People's relatives told us their relatives had a regular team of care workers, which ensured care workers were more familiarised with people's individual needs. One relative told us, "We have two carers and they have been outstanding. They usually arrive together and there is always one who knows my relative. The regular one has a wonderful rapport with my relative and is really lovely with her."

● Care plans were regularly reviewed to monitor whether they were up to date so that any necessary changes could be identified and acted on at an early stage. A relative told us, "My relative has a care plan and we are always involved. We discuss, if there are any changes."

Meeting people's communication needs

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

● People were supported, if needed, to express their views and preferences in relation to their care and support. The service identified and recorded how people wished to communicate and their communication needs. Care plans included information about people's preferred language.

●People were matched with care workers on grounds of a mutual language. People spoke a range of languages, including Guajarati and Hindi, and the service employed staff who spoke as many languages

● A relative told us, "The relationship of my relative with their main carer is amazing. The carer has quite a strong accent which may be hard to understand. But they have this amazing way of communicating. They have devised their own sign language and it works!"

Improving care quality in response to complaints or concerns

● People told us they were aware they could speak with staff or the registered manager if they had any concerns. They felt they would be listened to if they needed to complain or raise concerns.

● The service had a complaints procedure which people and their relatives were aware of.

● People and their relatives commented that when they made suggestions, these had been received and responded to positively. One person told us, "The office is easy to contact I just ring and speak to one of the managers. I don't often have to though as the service is run efficiently. I always find the managers easy to talk to, they listen and will sort out whatever it is I need."

End of life care and support

● The service did not provide end of life care. However, end of life care was covered in people's care plans. The registered manager explained that she would ensure that all care workers received the training and support that they needed to provide people with end of life care if the need arose.

Good

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

● People and their relatives confirmed care was planned to meet people's needs, preferences and interests. A relative told us, "My relative's care is planned to suit their needs. The service is very flexible. If my relative does not go to day centre for any reason, I only have to call the office and they will still visit [them] with very short notice."

● There were a range of formal systems to ensure people had choice and control over their care. For example, there was evidence people participated in regular reviews, surveys and meetings. These forums ensured people were empowered and given opportunities to comment about their care.

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

● The leadership was open and honest with people when things went wrong. We had been notified of notifiable events and other issues.

● The registered manager had kept care records related to the management of the service well maintained and up to date.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

● The service had a clear management structure consisting of the operations director, operations manager, registered manager, care delivery manager, care coordinators, field supervisors and administrators. Care workers were well informed of their roles and reporting structures. They described the management as approachable, supportive and accessible. People's relatives were equally complimentary.

● The registered manager was knowledgeable about issues and priorities relating to the quality and future of the service. This was also true of the operations director, we met during the inspection.

● People told us the service was well-managed. Comments included, "The service is well managed. It runs smoothly and the carers are great. We are very happy with the service", "The service is well managed. The carers are excellent and the atmosphere in the office is very good and 100% supportive too" and "The managers are approachable, listens and deals with whatever it is."

● All staff spoken with described the managers in complimentary terms including "hard-working, team players, reliable, approachable, and supportive."

Continuous learning and improving care

● The registered manager had a sense of responsibility. They continuously sought to make improvements. This was achieved via a range of quality assurance processes, which included, annual surveys, regular unannounced spot checks and telephone calls, audits and a complaints system. People told us they were asked questions about the quality of the service. They told us, "We have had a survey and I have given them 100 % satisfaction" and "I have completed questionnaires and I have told them how good the service is."
● Accidents and incidents were monitored for trends and learning points. They were appropriately investigated by the registered manager and escalated to service directors. The results were shared with staff to raise awareness. This supported effective decision making and allowed for action where performance was not meeting standards.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● The registered manager was knowledgeable about the characteristics that are protected by the Equality Act 2010, which we saw had been fully considered in relevant examples. There was evidence the service had made practical provisions to support people in relevant examples.

Working in partnership with others
● The service worked in partnership with a range of health and social care agencies to provide care to people. These included, GPs, psychologists and district nurses. There was also ongoing work with the local authority.