

MiHomecare Limited

MiHomecare - Southend-on-Sea

Inspection report

Suite 6 Royce House
630-634 London Road
Westcliff-on-Sea
Essex
SS0 9HW

Tel: 03331219201
Website: www.mihomecare.com

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21 September 2016

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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

This inspection took place on the 14, 16 and 21 September 2016.

Mihomecare Southend is registered to provide personal care (domiciliary care) to people in their own homes. The service provides care to people who are funded by the local authority and who purchase their care provision privately.

The service had a registered manager. 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Suitable arrangements were in place to ensure that people received appropriate care and support to meet their needs. Staff knew the needs of the people they supported and they were treated with respect and dignity. People's healthcare needs were well managed and they had access to a range of healthcare professionals.

People's needs were met by sufficient numbers of staff, calls were always on time and never missed. Suitable arrangements were in place to ensure that staff had been recruited safely and received appropriate opportunities for training and supervision.

People were safeguarded from harm and staff had received training in Mental Capacity Act (MCA) 2005. Where support with meals were required, people were supported to have sufficient amounts of food and drink to ensure that their dietary and nutritional needs were met.

Where this was part of people's agreed care people were provided with the opportunity to participate and engage in activities of their choice which met their needs. Relatives and people who used the service knew how to make a complaint and we felt assured that all complaints would be dealt with and resolved efficiently and in a timely manner.

The service had a number of ways of gathering people's views which included holding meetings and reviews with people, staff and relatives. The manager carried out a number of quality monitoring audits to help ensure the service was running effectively and to help them make improvements.

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.

People felt safe at the service. The provider's arrangements ensured that staff were recruited safely and people were supported by sufficient staff to meet their needs and ensure their safety and wellbeing.

Medication was not always managed safely however we found it be stored safely.

Is the service effective?

Good ●

The service was effective.

Staff received an induction when they commenced employment with the service and attended various training courses to support them to deliver care safely and fulfil their role.

People had access to healthcare professionals as and when needed to meet their needs.

Is the service caring?

Good ●

The service was caring.

Staff knew people well and what their preferred routines were. Staff showed compassion towards the people they supported and treated them with dignity and respect.

People had been involved in planning their care as much as they were able to be. Advocacy services were available if needed.

Is the service responsive?

Good ●

The service was responsive.

Care plans were individualised to meet people's needs. There were varied activities to support individual's social care needs.

Complaints and concerns were responded to in a timely manner.

Is the service well-led?

Good 

The service was well-led.

Staff felt valued and were provided with the support and guidance to provide a high standard of care and support.

There were systems in place to seek the views of people who used the service and their relatives and their feedback was used to make improvements.

The service had a number of quality monitoring processes in place to ensure the service maintained its standards.

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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 checked 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.

This inspection took place on 14, 16 and 21 September 2016 was unannounced and carried out by one inspector.

We looked at notifications received by the Care Quality Commission (CQC). A notification is information about important events which the service is required to send us by law. We also looked at safeguarding concerns reported to CQC. This is where one or more person's health, wellbeing or human rights may not have been properly protected and they may have suffered harm, abuse or neglect.

We spoke with three people who used the service, two of their relatives, six staff, the registered manager and field care supervisor. We reviewed four people's care files and this included staff recruitment and supervision records. We also looked at the services medication arrangements, complaints management, quality monitoring processes, audit information and policies held at the service. We also reviewed the staff support records for three members of staff.

Is the service safe?

Our findings

People told us they felt safe using this service. One person told us, "I feel very safe when the carers are here, they are always looking out for me and making sure I am safe."

Staff knew how to recognise the signs of possible abuse and how to report it. Where issues or concerns had been reported in the past they had been addressed appropriately by management. Staff had confidence that the senior staff would act appropriately in the event of any future concerns. The service had a policy for staff to follow on 'whistle blowing' and staff knew they could contact outside authorities, such as the Care Quality Commission (CQC) and the local authority. Staff were clear on what actions they would take should they have any concerns about people's wellbeing. One member of staff informed us, "If I think one of the service users is at risk of abuse from anyone, I would speak to my manager straight away and make sure that this is dealt with straightaway. All staff have also been given cards with a list of contact numbers for head office so we can ring them as well." All staff had attended safeguarding training.

The service kept records of safeguarding information and incidents that would have occurred in the service; however we found that recent allegations of abuse had not been submitted into CQC. Services that provide health and social care to people are required to inform the CQC of important events that happen within the service. Although the registered manager was aware of their responsibilities and had systems in place to report appropriately to CQC about reportable events they had failed to notify us however the concerns had been reported to the local authority and resolved. This was discussed with the registered manager who sent in notifications retrospectively during the inspection.

The provider's policies and procedures were in line with local procedures and they worked closely with the local safeguarding team. The manager was able to evidence records of when safeguarding referrals had been made to the local authority and also internal investigation that had been carried out by the service when concerns had been raised since our last inspection.

Most people using the service were monitored on a one to one basis throughout the day due to the risks people presented themselves. Staff were knowledgeable about the people they supported and used a range of techniques to intervene where people became distressed or upset.

The registered manager told us that they had recently introduced a new call system. Staff were required to log-in when they arrived and departed from a person's home. This meant that staff located at the office were alerted if staff were running late and people using the service could be contacted and alternative arrangements made if necessary.

The registered manager informed us that staffing levels at the service were based on the Local Authority's funding arrangements for each person. However, the registered manager and staff informed us that should people's needs change they would request an urgent review of needs for the individual from the Local Authority. This was confirmed by care plan records we reviewed. During our inspection we noted that interviews were in progress, the manager informed that this was due to the growth of the service and also

the registered manager wanted to ensure they had a good bank of staff to cover any eventuality. Staff records we reviewed showed that the provider had undertaken all the necessary checks prior to staff commencing employment. The registered manager informed that all application are processed by the head office and sent to the registered manager to decide whether or not to employ. The registered manager informed that the service was always in the process of recruiting as the manager felt it was safer to have more staff as to cover any eventualities such staff sickness or people's change in needs which could result in people needing additional support.

Where required and as part of specifically agreed care packages, people and staff told us that medication was safely and securely stored and the service had a procedure in place for the safe disposal of medication which involved contacting the pharmacist to arrange for unused medication to be disposed of safely. Most of the Medication administration records (MARS) we checked were correctly completed however some of the historical MARs we reviewed we noted that, although medications had been administered and recorded in the person's daily notes, the MAR charts had not always been completed in full or in accordance with the registered provider's policy. This was discussed with the registered manager and the field care supervisor and both gave reassurance that this would be addressed; in addition the service has since implemented additional checks which are conducted by the field care supervisor on a monthly basis. And were unexplained gaps would be found staff are now being encourage to report this to office immediately so this can be resolved.

Staff involved in the administration of medication had received appropriate training and competency checks had been completed in order for them to safely support people with their medications. We discussed this with the registered manager who informed us that following a medication error staff were required to attend a medication workshop which the medication officer employed by the service facilitated every month. The medication officer was also responsible for auditing MAR charts and discussed any concerns with the registered manager so that appropriate action was taken to ensure people received their medication safely.

Is the service effective?

Our findings

People and their relatives told us they found staff to have good knowledge and the skills on how to best meet their needs and always provided good quality care. One person told us, "The management team and the staff look after me very well and always seem to know what I need without even asking me." A relative added, "Staff appear to be well trained and have a good knowledge of how to care for people in the service."

Staff informed us that when they commenced employment they were required to complete an induction which helped them learn about their role. As part of their induction, staff were required to read people's support plans as this ensured staff had good knowledge of the people they were supporting. Staff went on to say this was a continued process as people's needs changed. The manager informed that when all staff commenced employment they were required to spend three days in one of the regional offices having induction training. In addition all staff be it new or those changing roles within the organisation were required to shadow an experienced member of staff where possible. Staff informed that they had found the induction and shadowing to give them the knowledge they needed in order to start working.

Staff informed they attended yearly refresher courses to ensure they were up to date with the changes within the care sector. The training was provided by the services in house training team which is arranged either regional or nationally depending on the number of staff that require training. Staff informed us that were offered an array of training modules which had relevance to their role and this helped them to deliver safe and effective care to people. Staff were positive about their training and they felt supported by the management team.

Staff had regular supervision and meetings to discuss people's care and the running of the service and were encouraged to be open and transparent about any concerns they may have. Staff said, "We have informal and formal supervision at least twice a year with the field care supervisors, and if we need to speak to the management team we can speak to them at any time." The registered manager informed us that they regularly held discussions with staff to acknowledge areas of good practice and improvement which helped to improve the quality of care being provided.

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. The service ensured that people's capacity and consent was respected at all times. Details on how to involve the person in decision-making according to their Individual levels of understanding and preferred communication methods were included in each person's care plan. The service ensured that all people had support with making decisions to care planning and if required the service would arrange advocacy support. Advocacy services ensure that people's rights are protected.

Staff were able to demonstrate how they helped people to make decisions on a day-to-day basis. We spoke to staff on how they consulted people about how they wanted their support to be delivered and if the

person was unable to make an informed decision how would staff then make a decision in the person's best interests. Staff informed us they would take into account the person's past and present wishes and feelings before making a decision and would also review the person's care plan. Where a person lacked capacity the service had care plans in place to support people and the service had consulted the person's family and all professionals involved with the person's care to ensure the people's wishes and feelings were being respected and their needs were being met in the best way possible.

People said they were supported by staff to have enough food and choice about what they liked to eat where this support was required as part of their agreed care needs. The service regularly monitored people's food intake and adapted individual plans to ensure that people had a balanced diet. The registered manager told us, "We are in regular contact with the district nurse and GP to monitor people's weights and wellbeing."

People's healthcare needs were well managed. People told us they were supported to have access to a range of healthcare professionals and services such as, GP and district nurse. One relative told us, "The service always makes sure that my relative has support from the district nurse and have worked with the nurse to accommodate changes to my relative's care needs, for example recently the service changed my relative's call time so they could attend at the same time as the district nurse as my relative needs to be turned whilst the nurses are here."

Is the service caring?

Our findings

People and relatives told us they found staff to be friendly and caring towards them. One person informed us, "I find all the staff listen to me and treat me well." People told us they found staff to have a positive attitude towards caring for them. One person informed us, "My carer is very important to me, I don't know what I would do without them." During the inspection people using the service came into the local office and we observed positive staff interaction. For example, one person wanted to remove cards from the wall to take home. One of the staff explained to them that the cards belonged to someone else however on their way home they would both stop at a shop and buy some cards to put on the wall at home.

The service had a very strong, person-centred culture that was acknowledged by everyone we spoke with. For example, the manager informed us that each person using the service was supported to do individual activities such as going on holiday abroad. Care plans were personalised to each individual's needs. The service worked closely with all professionals and relatives to undertake specific ways of providing care for all the people using the service and this was all recorded in the care plans.

People were supported to be as independent as they chose to be and this was documented in their support plans; the registered manager also added how they supported people to be independent. For example people's records we reviewed showed that most people using the service were encouraged to participate in activities such as attending college, accessing the community and also choosing where they lived. People told us they felt their independence was promoted and staff respected their choices, for example ensuring their privacy. Staff encouraged choice, autonomy and control for people in relation to their individual preferences about their lives, including friendships with each other, interests and meals. Staff expressed that, "We are always trying to achieve and promote people's independence, we support people to be able to access the community and hopefully be reintegrated into the community."

Staff knew people well, their preferences for care and their personal histories. People and their relatives were aware of their support plans and had annual review meetings with the management team and social services to identify any needs or wants they may have, along with their overall well-being. A relative told us, "The manager is very approachable and always communicates with us when there is a change in our relative's needs."

People were supported and encouraged to maintain relationships with their friends and family, this included supporting trips home to their family and into the community. One person informed us, "Care staff will help me to go into town to do some shopping, however sometimes I wish they could just sit down and spend time with me chatting as I don't get to see people often." This was fed back to the registered manager.

People were supported and encouraged to access advocacy services. Advocates attended people's review meetings if the person wanted them to or if a person had been assessed as requiring support to make decisions. The registered manager gave us examples of when the service had involved an advocate, such as supporting with annual reviews and support planning. Advocates were mostly involved in decisions about

changes to care provision.

Is the service responsive?

Our findings

People's care and support needs were well understood by the staff working in the service. This was reflected in detailed support plans and individual risk assessments and also in the attitude and care of staff towards the people they supported.

Before people started using the service their needs were assessed to see if they could be met by the service. People's needs were discussed with them and a support plan put in place before they started using the service. The registered manager met with other health professionals to plan and discuss people's transfer to the service and how the service would be able to meet their needs.

Support plans included information that was specific to the individual. Each support plan included information about the person's health, medication and preferences. There was information about how to best support people if they were showing symptoms that might suggest their mental health was deteriorating. We saw from records that people's comments were recorded on their care plan when reviewed and their support needs were discussed with their key worker weekly. The support plan was regularly updated with relevant information if people's care needs changed. This told us that the care provided by staff was current and relevant to people's needs.

People's strengths and levels of independence were identified and appropriate activities planned for people. Also people were being supported to attend creative classes and/or classes with a view to discover work opportunities. People sometimes chose not to continue with activities once commenced for various reasons. The registered manager expressed that staff continued to encourage and support people to develop and sustain their aspirations. One member of staff informed, "I have recently returned back into the country after escorting one of the people on holiday abroad." Another member of staff informed, "One of the people has asked if I can accompany them on a cruise, so we are in the middle of packing our bags and making sure we have everything we need when we go." The manager went on to inform that the service encourages people to participate in activities of their choosing, the service will work with people, relatives and professionals to facilitate people's choice of activity.

The registered manager had policies and procedures in place for receiving and dealing with complaints and concerns received. The information described what action the service would take to investigate and respond to complaints and concerns raised. Staff knew about the complaints procedure and that if anyone complained to them they would either try and deal with it or notify the registered manager or person in charge, to address the issue. The registered manager gave an example of a complaint he had received and how he had followed the required policies and procedures to resolve the matter. One person reported that they felt they could approach the manager or any member of staff with any complaints or issues they have and stated, "There is always staff and the manager is around a lot, we can always speak to him if we need to."

Is the service well-led?

Our findings

People and relatives felt at ease discussing any issues with the registered manager and the staff. The registered manager had a very good knowledge of most of the people using the service. The registered manager passionately expressed a vision of providing a service which enables and empowers people with mental healthcare needs to be supported towards independence as much as possible. The registered manager was very passionate about the support the service provides to people using the service and told us, "We try and ensure that all staff we recruit are passionate about supporting the people using the service, as this ensures people receive the best support possible".

The registered manager carried out a number of quality monitoring audits on a monthly basis as to ensure the continued improvement of the quality of the service provided to people. For example, the service carried out audits on people's care files, medication management and staff folders. Actions arising from the audit were detailed in the report and included expected dates of completion and these were then checked at the next monthly audit. Records we held about the service confirmed that notifications had been sent to CQC as required by the regulations. The registered manager was keen to deliver a high standard of care to people and used information from the quality monitoring processes to keep the service under review and to drive any improvements. The management team also carried out staff meetings on a regular basis so as to listen and learn from staff's experiences and used this as another way to find ways to improve the service.

People benefited from a staff team that felt supported by the registered manager. Staff received regular supervision from the registered manager and a yearly appraisal, which was documented within individual staff files. Staff received positive feedback, encouragement and motivation from their manager through supervision and team meetings. The manager informed that the service carried out surveys and questionnaires to find out from people and their relatives on how the service was performing, records we reviewed showed that most people and relatives were very complementary of the service.

We found the manager to be open and transparent and highlighted her own errors and areas which needed to improve, to ensure the service was running smoothly and continually improved the care delivered to people.

Personal records were stored in a locked office when not in use. The registered manager had access to up-to-date guidance and information on the service's computer system which was password protected to help ensure that information was kept safe.