

MiHomecare Limited

MiHomecare -Mora Burnett House

Inspection report

Mora Burnet House
37 Winchester Road
London
NW3 3NJ

Tel: 02039066455

Date of inspection visit:
29 April 2019
30 April 2019

Date of publication:
24 June 2019

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Mora Burnett House is an extra care housing scheme that provides support to people in their own flats in a purpose built block. It provides a service to predominantly older adults. At the time of our inspection 33 people were using the service.

People's experience of using this service:

The care and support provided to people was person centred. People's care plans and risk assessments included information about their care and support needs and preferences. Care staff had the necessary guidance about the support each person required and how people preferred to be cared for. Individualised guidance for staff was also provided to assist care staff to reduce and manage any risks that people faced in receiving care. These records were reviewed regularly and updated where there were any changes in people's needs.

Staff had received training about safeguarding and knew how to respond to, and report, any allegation or suspicion of harm or abuse. They understood the importance of reporting concerns immediately.

The service's recruitment procedures were designed to ensure that staff were suitable for the work they would be undertaking. New staff members were not permitted to work with people until the necessary verification of employment history, references and Disclosure and Barring service checks {DBS} had been undertaken and were satisfactory.

New staff received an induction to the service before starting work. All staff received regular training to ensure that they were able to meet the needs of the people they supported. Care staff also took part in regular supervision sessions to support them in carrying out their roles.

People and their family were involved in decisions about their care. People had been involved in agreeing their care plans and participated in reviews of the care and support provided to them. People said that staff asked them before carrying out care and support tasks.

Information about people's religious, cultural and communication needs was included in their care plans. Care staff supported people to participate in activities of their choice individually or with others also living at the service if they wished to be involved.

People were regularly asked about their views of the care and support that they received. Processes were in place to manage and respond to complaints and concerns. People were confident about raising any complaints they may have about the service if necessary.

The provider undertook a range of audits to check on the quality of care provided. These were reviewed by

the management team and actions had been taken to address any concerns.

Rating at last inspection:

This is the first inspection of the service since registration.

Why we inspected:

This was a planned comprehensive inspection.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to inspect as part of our re-inspection programme.

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

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 safe.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was safe.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was safe.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was safe.

Details are in our Well-Led findings below.

MiHomecare -Mora Burnett House

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Our inspection of Mora Burnett House took place on 29 and 30 April 2019.

Inspection team:

The inspection was carried out by a single inspector and an expert by experience visited to speak with people using the service. 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 support to adults living in their own homes in a larger block of up to thirty five separate flats. At the time of inspection 33 people were using the service.

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:

We gave the service 48 hours' notice of the inspection visit because it is a small service. We needed to be sure that the registered manager would be in the office.

What we did:

Before the inspection we reviewed information we held about the service, for example, statutory

notifications. A notification is information about events which the provider is required to tell us about by law.

During the inspection we spoke with ten people using the service. We also spoke with three care staff, the registered manager, the deputy manager, the operations manager, quality and performance director and quality and performance manager. We looked at a range of records. This included four people's care records, no new staff had been recruited since the provider registered the service in May 2018. We also reviewed records relating to the management of the service such as quality assurance monitoring records and policies and procedures.

We also received positive feedback from the local authority that exclusively placed people at the service.

Is the service safe?

Our findings

Is the service safe? = Good

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

Good: ☐ People were safe and protected from avoidable harm. Legal requirements were met.

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

- ☐ People told us that staff provided safe care. People using the service told us "I feel very safe here. I don't go out in the night" and "I feel very safe. I used to go out a lot on my own. If I want to go out, I tell the office and they remind me to be safe." Another person told us "The staff are quite kind, and I would tell you if they treated me unfairly."
- ☐ All staff had received training in safeguarding adults. They understood the need to report any concerns as soon as possible and each member of staff we spoke with was clear about doing so without hesitation.
- ☐ The registered manager understood their responsibilities in reporting safeguarding concerns to the local authority and CQC.
- ☐ Safeguarding concerns had been recorded by the registered manager. The records included information about investigations and outcomes. It was noted that very few concerns had been raised and those that were had been responded to appropriately.

Assessing risk, safety monitoring and management.

- ☐ People using the service had person centred risk assessments. The risk assessments covered a range of safety and wellbeing needs, such as eating and drinking, assistance with medicines, moving and handling and environmental risks.
- ☐ People's risk assessments included guidance for staff on how to manage and reduce identified risks, such as taking medicines, risk of falls and of going out alone without other people accompanying them.
- ☐ The risk assessments had been regularly reviewed and updated, an example was of a person who had got lost and another of someone who had decided to stay out overnight but had not told staff they were going to do so. We looked at each of these and another of someone who went out without remembering to take their medicines. The service had assessed the risks to people as a result and had put risk reduction measures in place to minimise the potential for further occurrences.

.

Staffing and recruitment.

- ☐ The service's recruitment procedures ensured that new staff members were suitable for the work they were undertaking. Checks of criminal records [DBS] and references had been carried out before staff started work. We were informed that no new staff had commenced work at the service since the current provider took over in 2018.
- ☐ The service's rotas showed that people received support from regular staff members. One person told us they would always like a care worker all the time because of talking with them about their interests but had no complaint about the care received from others too. Other people told us "I don't feel like I am alone here"

and "I am very happy in this place; the carers are very nice, they are helping a lot."

- The service monitored care visit times on a regular basis. Late or missed calls were rare. The registered manager told us that any concerns were immediately discussed if any arose. There was an emergency call system and people were able to readily alert care staff in an emergency. All care staff were based in the building, with five care staff on duty during each day shift as the usual provision which had been the case even when the service was operated by a different provider.

Using medicines safely.

- Staff supported some people to take their prescribed medicines. Where they did so, they had signed peoples' medicines administration records [MARs]. The service monitored people's MAR charts regularly to ensure that they were correctly completed by staff and that medicines were handled safely.
- Information about the medicines that people were prescribed was included in their care records.
- Staff members received regular medicines administration training and systems were in place to assess their competency.

Learning lessons when things go wrong.

- Staff had reported any concerns about people's welfare whenever these arose. Systems were in place to monitor and review any incidents or other welfare concerns to ensure that people were safe.
- People's risk assessments and care plans had been updated if there were any concerns arising from an incident or identified changes to people's care and support needs. The service responded quickly to making any changes to support needs that were required.

Is the service effective?

Our findings

Is the service effective? = Good

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

Good: ☐ 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.

- Detailed assessments of people's needs had been carried out before they started to receive care and support from the service. The assessments had been reviewed and updated when there were changes to people's needs. Everyone that used the service was referred exclusively by the local authority where the service was located. The local authority told us that the service provided effective person centred care and support to people and that care plans were updated frequently to reflect people's changing needs.
- People's assessments included information about their individual health and social care needs, preferences, religious and cultural requirements.
- People did not refer to being involved in their care needs assessment specifically but did say they could speak with care staff and the registered manager. One person did tell us about their request to move to live closer to their family being respected. The registered manager told us about the work that had been undertaken with the local authority to respond to this request and plans for this person to move were underway.
- People told us that staff explained what they were doing and spoke with them about what they wanted, and they were able to ask care staff to do things. No one we spoke with expressed any hesitation about speaking with care staff or the registered manager about what they wanted to.

Staff support: induction, training, skills and experience.

- ☐ The provider's policy was that new staff members received an induction to the service to help them carry out their roles. We could not assess this at this inspection as we were told that no new staff had been recruited since the current provider took over the service.
- ☐ Care staff undertook 'refresher' training to ensure they remained competent and up to date to perform their duties in caring for people. Care staff told us "When training courses are being offered I am told", "We have a lot of training, for example dementia, safeguarding and food safety recently" and I would like more training about mental health, but training is changing and we are getting more about what we do."
- ☐ The registered manager had a system for monitoring when updated training for staff was due. The system also enabled the registered manager to check if staff had completed other 'on-line' training courses required by the service.
- ☐ Care staff also received regular supervision sessions, the frequency depending on how regularly staff worked at the service, where they could discuss issues in relation to their work and personal development. Care staff told us about monthly supervision with either the registered or deputy manager, which all found helpful and were able to discuss things that they wanted to.

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

- ☐ People were supported by staff to eat and drink if they needed help although this was only infrequently required.
- ☐ Information about people's eating and drinking needs and preferences was included in their care plans and risk assessments. People had ample opportunities to join in with communal meals that were offered, and many did so.

Staff working with other agencies to provide consistent, effective, timely care.

- ☐ People's care plans included information about other health and social care professionals involved with their support. Staff had developed links with these professionals to ensure that effective and consistent support was provided.
- ☐ People's daily care records showed that staff had liaised with other professionals to ensure that people's needs were met.
- ☐ Care staff followed professional advice and guidance to ensure that people's needs were met.

Supporting people to live healthier lives, access healthcare services and support

- ☐ Information about people's health and wellbeing was included in their care plans and risk assessments.
- ☐ People were registered with their own GPs and received support from community nursing services when they needed this.
- If concerns arose about people's health these were raised by care staff and contact was made with healthcare professionals to ensure that any concern was examined and responded to.

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

- ☐ The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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.
- ☐ People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. Applications must be made to the Court of Protection when people live in their own homes. We checked whether the service was working within the principles of the MCA.
- ☐ People's care assessments included information about their ability to make decisions. Care plans included guidance for staff about the decisions that people could make for themselves. Staff members received training about the MCA.
- ☐ People were involved in making decisions about their care and support. Family members and other professionals had also been involved in supporting people to make decisions when required. Five people had either the local authority or a family member with lasting power of attorney to make decisions, no one else required this and made decisions independently.

Is the service caring?

Our findings

Is the service caring? = Good

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

Good: ☐ 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 spoke positively about the care and support they received from staff. Comments from people using the service included "There is always someone to talk to if I want to", "They respect me and speak with me in private, staff are very kind" and "[Care staff member] has always been polite and nice to me. We always have a little laugh."
- ☐ All members of staff, regardless of their role, undertook training in equality and diversity and person-centred approaches to help them to understand and respect people's unique individual needs.

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

- ☐ Information about people's communication needs was included in their assessments and care plans. This included guidance for staff about how to support people to make choices about their care and support.
- ☐ People and, where applicable, their family members were involved in decision making.
- ☐ Information was provided in accessible formats that promoted people's involvement in agreeing their care and support. The registered manager said that the service would always ensure that information was developed to meet people's communication needs. No one required specific communication methods at present, but the service had the ability to arrange this should the need arise.

Respecting and promoting people's privacy, dignity and independence.

- ☐ People told us that staff supported people's privacy and dignity.
- ☐ Staff supported people to maintain their independence. People were supported to do as much as they could for themselves. Care plans included guidance for staff on how to support people to do things for themselves as much as they were able to.

Is the service responsive?

Our findings

Is the service responsive? = Good

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

Good: ☐ People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- ☐ People had individual care plans which described their personal histories, needs, preferences and interests. The care plans included information for staff members on how people preferred to be supported and how care staff should ensure that people's needs, and preferences were respected.
- ☐ Information about people's cultural and religious beliefs and how staff should respect these beliefs were included in their care plans. No one made any specific comments about this although from other comments people made it was evident that staff were responsive to people's wishes and needs and that people felt able to tell care staff and managers about this.
- ☐ Care plans were reviewed routinely and at any time when people's needs changed.

Improving care quality in response to complaints or concerns.

- ☐ The service had a complaints procedure that was provided to people when they started using the service and information was also readily available in the building where people's flats were located.
- ☐ The service had a system for monitoring of complaints each month. A small number of complaints had been made in the last year, each of which were relatively minor, largely related to the landlord for the property rather than the care provided, and people had been supported to take those concerns forward.
- ☐ People told us that they would contact the service if they had a complaint. People told us "I have no complaint at all; if I had, I will tell them straight away", "I have nothing to complain about" and "The staff listen; they are friendly; they are alright."

End of life care and support

- ☐ At the time of this inspection, one person was receiving end of life care. The agency had close links with community palliative care professionals to ensure that they were receiving suitable support.
- ☐ Guidance about meeting the person's needs was included in their care plan. Their care records also included information about their end of life wishes.
- The service had initiated regular checks for this person, including during the night with the agreement of the person's family. The checks were initiated to ensure the person was safe and comfortable throughout the night, in addition to checks during the day alongside their scheduled five other allotted care time visits during each day. This demonstrated that the service had been responsive to this person's situation and their resulting care and support needs.

Is the service well-led?

Our findings

Is the service well-led? = Good

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

Good: ☐ The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility.

- ☐ Arrangements were in place to ensure that the focus on how the service operated was based on the needs of the people using the service.
- ☐ People were positive overall about the service they received. People trusted the care staff they knew, and they thought that things were usually run well day to day.
- ☐ Information about the aims and objectives of the organisation was provided. The guide for people using the service clearly outlined what the service could or could not provide.
- ☐ The registered manager understood their role and responsibilities to ensure notifiable incidents were reported to the appropriate authorities if required.

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

- ☐ People told us that the service was well-managed overall and were confident about raising anything they needed to and no one that commented about this had any concern about not being taken seriously.
- ☐ The registered manager worked at the service daily and on call arrangements to provide advice and support for care staff was available outside of normal office hours. Regular checks and daily discussions, confirmed by the care staff, took place about events happening for people using the service. We attended an afternoon handover and everyone using the service was mentioned in terms of what had happened for them on the previous care staff shift and what people needed. The care staff coming on duty then compiled their daily shift planner about what they needed to do, and who they were supporting during the coming care shift.
- ☐ The service operated on one site, where everyone lived in their own flats. The communication systems in place meant that events could be quickly and readily responded to. The day to day management and operation of the service was positively commented upon by the authority that placed people.

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

- ☐ A formalised spot check system was not used as the people using the service were spoken with and were visited regularly by the deputy manager and registered manager. There was an open door policy used by managers working at the service. We saw this in operation during our inspection as people had no hesitation coming to the management office and speaking with management staff. People were asked about how they

were getting along which we also saw happening as people had opportunities to take part in communal activities and attended communal lunch, which many regularly did.

- People confirmed that they were asked for their views about the service although most could not recall how often but that they were in regular contact with care and management staff. This was aided by the fact that the service operated in a single larger building where everyone lived in their own flat and the service staff were all located in the same building so were easily available.
- Meetings with care staff took place to share information and provide opportunities for them to share and discuss issues related to their care practice.
- Care staff we spoke with spoke about regular staff meetings and that overall the staff team worked well together. One member of staff thought meetings were not frequent although accepted that they only worked part time and could not necessarily attend as much as they would wish to due to other commitments. We looked at minutes, which showed that regular staff meetings took place and relevant topics about the way the service operated were discussed. These topics covered not only day to day operation but were care and client focused also and staff we spoke with confirmed that these meetings took place.

Continuous learning and improving care.

- There was a culture of good communication and continuous improvement and learning within the service. The registered manager kept up-to-date with best practice and information was shared with staff. An ongoing programme of staff training, and development was in place to ensure that staff maintained and developed their skills.
- Monthly reviews of such things as medicines records, risk assessments and care plans took place and regular oversight of these, among other areas of day to day operation of the service, took place. These procedures helped to ensure that the effectiveness of the care and support was monitored and any issues that may emerge could be responded to quickly. This was also aided by the good communication among all staff working at the service who shared their knowledge of people's care needs and any changes that took place. We observed this during our inspection at a handover meeting and by conversations we also observed taking place between staff.

Working in partnership with others.

- The service liaised with other health and social care professionals to ensure that people's needs were met.
- Care staff had sought advice and guidance from healthcare professionals where there were any concerns about a person's needs. Where people had been admitted to hospital the service ensured that contact was maintained with hospital staff to ensure that appropriate support was ready for when a person was ready to be discharged and return home.