MiHomecare Limited

MiHomecare - Brent

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

We undertook an announced inspection of MiHomecare-Brent on 27 March 2018.

MiHomecare-Brent is a domiciliary care agency registered to provide personal care to people in their own homes. The service provides a range of domiciliary care services which include domestic support, administration of medicines and food preparation. At the time of inspection the service provided care to approximately 51 people.

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

The previous comprehensive inspection took place on 29 February 2016 and we rated the overall service as Good. We found a breach of regulation in respect of risk assessments and found that under "safe" the service required improvement. Following this, we carried out a focused inspection on 24 March 2017 and found that the service had made necessary improvements in respect of risk assessments and we therefore rated the service as Good under "safe".

People who used the service spoke positively about the care they received. They told us they felt safe around care workers and were happy with the care provided by care workers and management at the service. Relatives we spoke with confirmed this and said that they were confident that people were well looked after.

Risk assessments were in place which detailed potential risks to people and how to protect people from harm. Risk assessments included detailed information about preventative actions that needed to be taken to minimise risks as well as clear and detailed measures for care workers on how to support people safely. At the end of each person's risk assessment, there was a "high risk" summary. This provided a quick reference summary of those areas identified as high risk. Care support plans included a contingency plan and this helped establish which people were high risk and detailed what action to take in the event of an emergency.

Systems and processes were in place to help protect people from the risk of harm. Care workers had received training in safeguarding adults and knew how to recognise and report any concerns or allegations of abuse.

We spoke with people and their relatives and asked whether care workers turned up on time and if there were any missed calls. All people told us they had not experienced a care worker not turning up and care workers were usually on time.

There were comprehensive and effective recruitment and selection procedures in place to ensure people were safe and not at risk of being supported by staff who were unsuitable.

Appropriate arrangements were in place in respect of medicines management. Records indicated that staff had received training on the administration of medicines and their competency was assessed. We noted that there were some gaps in medicine administration records (MARs) and raised this with management. They confirmed that the medicines had been administered but that MAR had not been completed. We noted that the gaps we found in the MARs had been identified by audits carried out.

Care workers had the necessary knowledge and skills they needed to carry out their roles and responsibilities. Care workers were provided with an induction which provided practical training and shadowing. Care workers also received on-going training. Care workers spoke positively about their experiences working for the service. They told us that they received continuous support from management and morale amongst staff was positive.

Care workers were aware of the importance of treating people with respect and dignity. Feedback from people indicated that positive and close relationships had developed between people using the service and their care worker.

Care plans provided information about people's life history and medical background. There was a detailed support plan outlining the support people needed with various aspects of their daily life such as personal care, continence, eating and drinking, communication, mobility, medicines, religious and cultural needs. Care plans detailed people's care preferences, daily routine likes and dislikes and people that were important to them. Records showed when the person's needs had changed, the person's care plan had been updated accordingly and measures put in place if additional support was required.

The service had clear procedures for receiving, handling and responding to comments and complaints. Records showed that the registered manager investigated and responded appropriately when complaints were received and resolved matters satisfactorily.

The service carried out a satisfaction survey in September 2017. The results from the survey were mostly positive.

There was a clear management structure in place with a team of care workers, office staff, the registered manager and quality and performance manager. Care workers spoke positively about the management and culture of the service and told us the management were approachable if they needed to raise any concerns.

Systems were in place to monitor and improve the quality of the service. The service had a comprehensive system in place to obtain feedback from people about the quality of the service they received through review meetings, telephone monitoring and home visits.

The service undertook a range of audits of the quality of the service and took action to improve the service as a result. Audits had been carried out in relation to care documentation, staff files, medicines and training.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains good.	**Good**
Is the service effective? The service remains good.	**Good**
Is the service caring? The service remains good.	**Good**
Is the service responsive? The service remains good.	**Good**
Is the service well-led? The service remains good.	**Good**

MiHomecare - Brent

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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, and to provide a rating for the service under the Care Act 2014.

One inspector carried out the announced inspection on 27 March 2018. We told the provider two days before our visit that we would be coming. We gave the provider notice of our inspection as we needed to make sure that someone was at the office in order for us to carry out the inspection.

Before we visited the service we checked the information that we held about the service and the service provider including notifications we had received from the provider about events and incidents affecting the safety and well-being of people. The provider also completed a Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The PIR also provides data about the organisation and service.

During our inspection we went to the provider's office. We reviewed six people's care plans, five staff files, training records and records relating to the management of the service such as audits, policies and procedures.

We spoke with six people who used the service and four relatives. We also spoke with ten members of staff which included care workers, office staff, the registered manager and the quality and performance manager.

Good

Is the service safe?

Our findings

People who used the service told us that they felt safe around care workers and raised no concerns regarding this. When asked if they felt safe with care workers, one person told us, "I feel safe around them. They make me feel safe." Another person said, "Yes I feel safe. They make me feel at ease." Relatives we spoke with told us they were confident that people were safe when being cared for by care workers. One relative told us, "I feel [my relative] is safe around care workers." Another relative said, "Yes of course. [My relative] is safe."

Comprehensive risk assessments were in place and these contained guidance for minimising potential risks such as risks associated with the environment, moving and handling, mobility, use of equipment, transfers, use of electrical equipment and falls. Risk assessments included details of the potential risk, the level of risk, the person responsible and controls/actions that needed to be taken to reduce the risk. At the end of each person's risk assessment was a "high risk" summary. This provided a quick reference summary of those areas identified as high risk and was highlighted in bold so that it was clear. We saw evidence that risk assessments were reviewed and updated when there was a change in a person's condition.

The quality and performance manager explained that the service had introduced a revised epilepsy risk assessment which had been developed in line with the Epilepsy association guidelines. She explained that it was in the process of being rolled out by the service. The registered manager provided us with evidence of the work the service had done in order to implement these.

Care support plans included a contingency plan which detailed if a person was considered as band A (priority and time critical), band B (required not time critical) and band C (desired – phone check). This helped to establish which people were high risk and an emergency contingency plan was in place to deal with such circumstances.

The service had suitable arrangements in place to ensure that people were safe and protected from abuse. Care workers had received training in safeguarding people. They could give us examples of what constituted abuse and they knew what action to take if they were aware that people who used the service were being abused. Care workers told us that they would contact the registered manager immediately. The service had a safeguarding policy and the contact details of the local safeguarding team were available in the office. We noted that the service had co-operated fully with safeguarding investigations and taken appropriate action to safeguard people.

The service had a whistleblowing policy and contact numbers to report issues were available. We saw that these were clearly displayed in the office. The registered manager explained that safeguarding and whistleblowing were discussed at staff meetings to ensure staff were aware of the procedures and relevant updates. Care workers were familiar with the whistleblowing procedure and were confident about raising concerns about any poor practices witnessed.

The registered manager explained that they were able to safely meet people's needs with the current

number of care workers they had. When speaking with care workers about staffing levels, they told us they received their rotas in advance and their visits were planned well in relation to the time allocated for each person and the distance they needed to travel between visits. The registered manager explained that when the staff rota was devised, they ensured that care workers worked within certain postcodes to limit the amount of travel they had to carry out which minimised the chances of delays.

We spoke with people and their relatives and asked whether care workers turned up on time and if there were any missed calls. All people told us they had not experienced a care worker not turning up and care workers were usually on time. They also explained that if a care worker was running late, the office always called to inform them of the delay.

We spoke with the registered manager about how they monitored whether care workers were late or had not turned up. He explained that the service had a telelogging system in place which would flag up if a care worker had not logged a call to indicate they had arrived at the person's home or that they were running late. If this was the case, office staff would ring the care worker to ascertain why a call had not been logged and take necessary action there and then if needed.

People received a level of consistency in the care they received. We asked people who used the service and family carers whether they received the same care workers on a regular basis and had consistency in the level of care they received. This was confirmed by the majority of relatives we spoke with.

Comprehensive recruitment processes were in place to ensure required checks had been carried out before care workers started working with people who used the service. We looked at the recruitment records for five members of staff and found background checks for safer recruitment including, enhanced criminal record checks had been undertaken and proof of their identity and right to work in the United Kingdom had also been obtained. Written references had been obtained for care workers.

There were suitable arrangements for the administration and recording of medicines. There was a comprehensive policy and procedure for the administration of medicines. Records indicated that staff had received training on the administration of medicines. Care workers had their competency to administer medicines assessed prior to them administering medicines and we saw documented evidence of this.

We looked at a sample of medicine administration records (MARs) for four people for various dates between January 2018 and March 2018. MARs included information about people's allergies, details of the prescribed medicines and the level of support the person required in relation to their medicines. We also noted that where people's medicines formed part of a blister pack, the names of the medicines contained in the pack were clearly listed on the MAR sheet. It was therefore clear what medicines formed part of the blister pack.

We noted that there were some gaps in the sample of MARs we looked at. For example one person's MAR for January 2018 had three gaps. On another person's MAR for January 2018 there were two gaps. We raised this with management and they confirmed that the medicines had been administered as staff had signed the daily notes records which indicated that they had administered the medicines but they had failed to sign the MARs.

The service had a comprehensive system for auditing medicines and this was carried out monthly for each person who received support with their medication. We noted that gaps in MARs had been identified by these audits. The audits also detailed what action the service had taken to deal with the identified gaps which included discussing the issues with staff concerned during supervision sessions and further competency assessments.

We discussed the gaps in MARs with the registered manager and the quality and governance manager. They acknowledged that there had been occasions where staff had not completed the MARs and explained that they were already in the process of addressing this issue. They told us that they were in the process of arranging further medicines administration training with the local authority. They also said that they were looking to introduce workshop training sessions so that people could have further practical and interactive training. Further, they told us that if it continued to be an issue for some staff they would look at disciplinary action.

The service had a system for recording accidents and incidents. We noted that details of accidents and incidents were clearly documented along with the action taken by the service and how the service ensured that they learned from incidents. Accidents and incidents were then analysed by senior management to prevent them reoccurring and to encourage staff and management to learn from these.

People who used the service told us that care workers observed hygienic practices when providing care. The service had an infection control policy which included guidance on the management of infectious diseases. Care workers were aware of infection control measures and said they had access to gloves, aprons and other protective clothing.

Good

Is the service effective?

Our findings

People who used the service told us that they had confidence in care workers and the service. One person said, "The care is very good. I am happy." Another person told us, "I am perfectly happy with the care. I am lucky. I have the same carers and it is consistent." Another person said, "I am really happy. I have very nice carers and they are kind." Relatives told us that they were satisfied with the care provided to their relatives. One relative told us, "The care is very good. They are very caring people." Another relative said, "The carers know what they are doing."

During our inspection, we spoke with care workers and looked at staff files to assess how staff were supported to fulfil their role and responsibilities. Training records showed that care workers had completed a comprehensive induction in line with the Care Certificate. The 'Care Certificate' award replaced the 'Common Induction Standards' in April 2015. The Care Certificate provides an identified set of standards that health and social care workers should adhere to in their work.

There was a training matrix in place which enabled management to monitor what training staff had received and when refresher training was due. Training records showed that care workers had completed training in areas that helped them when supporting people. Topics included first aid, safeguarding, fire safety, health and safety, basic food hygiene and medicine administration. Training was classroom based and provided by the provider. Following training sessions, care workers completed a competency assessment to ensure that they were competent. Staff spoke positively about the training they had received.

There was documented evidence that care workers had received regular supervision sessions and this was confirmed by care workers we spoke with. The registered manager explained to us that management supervised care workers though a mix of supervision sessions and spot checks. These sessions enabled care workers to discuss their personal development objectives and goals.

Care workers said they worked well as a team and received the support they needed. Management carried out annual appraisals of care workers. This enabled them to review their progress and development. Care workers we spoke with confirmed that these took place and we saw evidence of this in the staff records.

Care workers told us that they felt confident about approaching management if they had any queries or concerns. They felt matters would be taken seriously and management would seek to resolve the matter quickly.

People's healthcare needs were monitored by care workers where this was part of their care agreement. We noted that the care records contained important information regarding people's medical conditions and healthcare needs. People were supported to maintain good health and have access to healthcare services and received on going healthcare support.

People were supported with their nutritional and hydration needs where their care plans detailed this. Care plans included information about each person's dietary needs and requirements, personal likes and

dislikes, allergies and where they liked to eat. We saw the service had also identified risks to people with particular needs with their eating and drinking. There was information if people had difficulties with their swallowing and any risks of choking.

Care workers prepared breakfast for people and the registered manager explained that people's family prepared their main meals and staff were responsible for heating the food and assisting people where necessary. We saw evidence that care workers had undertaken basic food hygiene training.

The service respected people's cultural requirements and such information was clearly detailed in their care records. For example; one person's care records detailed that for religious reasons they were vegetarian and could also not eat eggs.

The registered manager explained that if care workers had concerns about people's weight they were trained to contact the office immediately and inform management about this. The service would then contact all relevant stakeholders, including the GP, social services, occupational therapists and next of kin. Care workers we spoke with confirmed this.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Staff had received training in the MCA as part of their induction. Staff were aware that when a person lacked the capacity to make a specific decision, people's families, staff and others including health and social care professionals would be involved in making a decision in the person's best interests.

Care plans detailed information about people's mental state and levels of comprehension and outlined where people were able to make their choices and decisions about their care. Each person's care support plan included a mental capacity checklist. This included information about whether the person had capacity to make decisions in respect of their personal care, nutrition, continence, dressing, medication and financial transactions. It was evident that people who received care had been involved with this aspect of their care. Care plans also contained a 'Consent' section which people signed to state that they agreed and consented to care as outlined. Where people were unable to give consent, records showed the person's next of kin were involved in making decisions in the person's best interests.

Good

Is the service caring?

Our findings

People we spoke with spoke positively about the service and said that care workers were caring. One person said, "Carers are kind and I get on with them." Another person told us, "My carer is kind, caring and we have a good joke together." Another person said, "The carer treat me well." One relative told us, "They really do care about [my relative]."

Care support plans included information that showed people had been consulted about their individual needs including their spiritual and cultural needs. Each care plan included detailed information about people's cultural and spiritual values under a section titled "My cultural and identity needs". This included information about religious practices and diets.

Care plans included information about their background, life history, language spoken and their interests. This information was useful in enabling the service to understand people and provide suitable care workers who had similar interest. The registered manager stated that where possible, care workers would be matched to people with the same type of interest and background so that they had things in common.

The service had a policy on ensuring equality and valuing diversity. Staff informed us that they knew that all people should be treated with respect and dignity regardless of their background and personal circumstances. One care worker told us "I respect people's individuality. I make sure they are comfortable. That is important."

The registered manager explained to us that the service aimed to ensure that people consistently received a high standard of care and he ensured that he was very much involved with all aspects of the running of the service. He confirmed that during the initial assessment, they ensured that staff discussed people's care with them and tailored their care according to what their individual needs were. He also confirmed that the service did not provide home visits of less than 30 minutes. He explained that it was important for care workers to spend time speaking and interacting with people and doing things at people's own pace, not rushing them and a minimum of 30 minute visits enabled them to do this.

The service had a comprehensive service user guide which was provided to people who used the service and they confirmed this. The guide provided useful and important information regarding the service and highlighted important procedures and contact numbers. It also included information about the mission of the service which was, "To provide care that you would choose for a loved one." This ethos was echoed by staff we spoke with. The registered manager explained that the service focused on ensuring people were treated with respect and dignity and were valued as people and their rights to privacy, confidentiality and to make their own choices were upheld.

There was documented evidence that people's care was reviewed regularly with the involvement of people and their relatives. This was confirmed by people and relatives we spoke with. These reviews enabled people and their relative's to discuss and review people's care to ensure people's needs were still being met and to assess and monitor whether there had been any changes.

When speaking with care workers, they indicated a good understanding of caring, respectful and compassionate behaviour towards the people using the service. Care workers were aware of the importance of ensuring people were given a choice and promoting their independence. Care workers were also aware of the importance of respecting people's privacy and maintaining their dignity. One care worker told us, "I always make sure people are comfortable. I talk to them nicely and ask what they want. I ask for their permission before doing anything." Another care worker said, "I always do things in accordance with their needs and interests. I give people time to do things for themselves and encourage them. I assist them where they need it but always explain what I am doing."

Good

Is the service responsive?

Our findings

People who used the service told us that they were satisfied with the care provided by the service and said that the service listened to them if they had any concerns. One person told us, "Care workers listen to me and talk to me." Another person said, "I can talk to [my carer] openly." Another person said, "I have never had to complain but I could if I had to." One relative told us, "I feel able to raise issues I needed to. They are very nice people. They are easy to talk to."

People's care plans provided information about their life history and medical background. There was a detailed support plan outlining the support people needed with various aspects of their daily life such as personal care, continence, eating and drinking, communication, mobility, medicine, religious and cultural needs. Care plans were detailed, person-centred and specific to each person and their needs. Care plans included a section titled "What I would like you to know about me", "What is important to me" and "What concerns me about my future". Care support plans were tailored to meet each person's individual needs. We saw that care plans detailed people's care preferences, daily routine likes and dislikes and people that were important to them. They also included information about people's past, previous interests and occupations.

Daily communication records were in place and recorded visit notes, daily outcomes achieved, meal log and medication support. The registered manager explained that these assisted the service to monitor people's progress. We noted that these were completed in detail and were up to date.

There were arrangements in place for people's needs to be regularly assessed, reviewed and monitored. Records showed reviews of people's care plans and care provided had been conducted and this was confirmed by people and relatives we spoke with. Records showed when the person's needs had changed, the person's care plan had been updated accordingly and measures put in place if additional support was required.

The service had clear procedures for receiving, handling and responding to comments and complaints. People and relatives we spoke with told us they did not have any complaints about the service but knew what to do if they needed to raise a complaint or concern. They also told us that they were confident that their concerns would be addressed. Records showed that the registered manager investigated and responded appropriately when complaints were received and resolved matters satisfactorily. Complaints were also reported to the senior management team so that they had oversight and could take necessary action if required.

The service carried out a satisfaction survey in September 2017. The survey looked at how satisfied people were with various aspects of the care they received such as their care workers and the support they received from the office. The results from the survey were mostly positive.

Good

Is the service well-led?

Our findings

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

People and relatives spoke positively about the service and told us they thought it was well managed. One person said, "They know what they are doing." Another person told us, "I have no complaints. There is great communication." One relative said, "I am confident. Management seem to know what they are doing."

There was a clear management structure in place with a team of care workers, office staff, the registered manager and quality and performance manager. Staff spoke positively about the management and culture of the service and told us the management were approachable if they needed to raise any concerns. One member of staff told us, "I feel supported. The manager is very helpful. He listens and he has good new ideas. He talks to us openly and understands us." Another member of staff said, "The manager is fine. I have no problems. I can talk to him for sure." Another member of staff told us, "It is a proactive organisation. I feel supported by staff and management. They are always willing to help. Staff are approachable."

Staff were informed of developments, changes and updates within the service through quarterly staff meetings and regular memos. On the day of the inspection, we observed that care staff came into the office and the registered manager explained that staff regularly came into the office and he encouraged care workers to speak with him openly. He said that he operated an "open door policy" at the service. Staff told us that they received up to date information from management and felt able to raise issues without hesitation. They told us that there was an open culture at the service.

Systems were in place to monitor and improve the quality of the service. We found the service had a comprehensive system in place to obtain feedback from people about the quality of the service they received through regular and consistent telephone monitoring, home visits and review meetings. We reviewed some of the feedback and noted that it was positive.

Records showed that regular and consistent spot checks were carried out to assess care worker's performance. The checks were comprehensive and staff were assessed in areas such as timekeeping, communication and efficiency of tasks undertaken. Records showed that the feedback from people was positive about the care and support they received.

The service undertook a range of comprehensive audits of the quality of the service and took action to improve the service as a result. Audits had been carried out in relation to care documentation, safeguarding, medicines management, complaints/compliments, staff punctuality, staff files and training. Senior management also carried out a monthly comprehensive audits which checked various aspects of the service which included care documentation, staff files, medicines and training. We saw evidence that where areas for improvement were identified, the service had taken appropriate action.

The service had a range of policies and procedures to ensure that staff were provided with appropriate guidance to meet the needs of people. These addressed topics such as complaints, infection control, safeguarding and whistleblowing.

People's care records and staff personal records were stored securely in the provider's office which meant people could be assured that their personal information remained confidential.