

Miracle Agency Limited

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Inspection report

Tempo House
15 Falcon Road, Battersea
London
SW11 2PJ

Tel: 02072283267

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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 26 and 31st October 2017 and was announced. We told the provider one day before our visit that we would be coming. This is the first inspection for this service which was registered in November 2016.

Miracle Agency Limited provides domiciliary care and support to three people living in the Hertfordshire area. This service includes assistance with all personal care, meal preparation, eating, medicines administration and general domestic chores. We only looked at the service for people receiving personal care during this inspection as this is the service that is regulated by CQC.

The service had a registered manager. A registered manager is a person who has registered with the CQC 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 provider had only been delivering services to people for the past four months, but during that time had established good practices and procedures which would help as the service expanded.

People were safe in their homes. Staff could explain to us how to keep people safe from abuse and neglect. People had suitable risk assessments in place. The provider managed risks associated with people's homes, to help keep people and staff safe. Recruitment practices were safe. Staff were trained in medicine administration and prompted people to take their medicines safely, although families actually administered the medicines from blister packs.

People were supported by staff who received appropriate training and support. Staff had the skills, experience and a good understanding of how to meet people's needs. Staff were providing support in line with the Mental Capacity Act 2005. When required people were supported to eat and drink sufficient amounts to meet their needs. Staff worked well with the people's GP and the district nurses, to ensure they stayed well and comfortable.

People and relatives told us staff were caring, kind and efficient and staff respected their privacy and treated them with dignity.

People's needs were assessed before they started to use the service and care was planned and delivered in response to their needs. The provider had arrangements in place to respond appropriately to people's concerns and complaints.

Systems were in place to monitor and improve the quality of the service. The provider had effective quality assurance systems to monitor the scheme's processes. These systems helped ensure people received the care they needed as detailed in their support plans.

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.

Staff were knowledgeable in recognising signs of potential abuse and the action they needed to take.

People had individual risk assessments and where risks had been identified risk management plans were in place

The recruitment practices ensured staff employed by the provider were suitable for their roles.

The provider had systems in place to protect people against risks associated with the management of medicines.

Is the service effective?

Good ●

The service was effective.

Staff received regular training and support to keep them updated with best practice.

The registered manager was aware of what was required if people were not able to give consent and of their duties under the Mental Capacity Act (2005).

The provider had arrangements in place to make sure people's general health needs were met.

Is the service caring?

Good ●

The service was caring.

Staff told us how they ensured people's rights to privacy and dignity were maintained while supporting them.

The service ensured they provided the same care staff to promote consistency and continuity of care.

Is the service responsive?

Good ●

The service was responsive.

The support plans outlining people's care and support needs were detailed so that peoples' individual support needs were identified.

Peoples' nutritional and hydration needs were met.

The service had a complaints policy and procedure, so that people knew what to do if they had a complaint.

Is the service well-led?

Good ●

The service was well-led.

The provider had effective quality monitoring systems in place.

The registered manager had a clear understanding of their roles and responsibilities with regard to the requirements for submission of notifications of relevant events and changes to CQC.

The provider had systems in place to gather the views of people and relatives to help improve the quality of the service.□

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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 was planned to check 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 26 and 31 October 2017 and was announced. The provider was given 24 hours' notice because the location provides a domiciliary care service and the registered manager is sometimes out of the office supporting care workers or visiting people who use the service. We needed to be sure that the registered manager would be available to speak with us on the day of our inspection. The inspection was carried out by one inspector.

Before our inspection we reviewed information we held about the service. This included statutory notifications received from the provider since they were registered and the Provider Information Return (PIR). The PIR is a form we asked the provider to complete prior to our visit which gives us some key information about the service, including what the service does well, what the service could do better and improvements they plan to make.

Before the inspection we emailed the Clinical Commissioning Group (CCG) who commission services from Miracle Agency to ask their opinion of the service.

During the inspection we went to the provider's head office and spoke with the registered manager. We reviewed the care records of the three people who used the service, and looked at the records of two staff and other records relating to the management of the service.

After the inspection we telephoned and spoke with the three people or their relatives who used the service. We also spoke with two members of the caring staff.

Is the service safe?

Our findings

All the people and relatives we spoke with said they felt safe with the service they received. Three people described the service as 'understanding, relaxed and very efficient' and staff as 'lovely, friendly, and helpful.' People said the staff's time keeping was very good.

The provider took appropriate steps to protect people from abuse, neglect or harm. Staff knew and explained to us what constituted abuse and the action they would take to protect people if they had a concern about a person. The provider kept people and staff safe through individual personal risk assessments and risk assessments of the home environment.

The personal risk assessments had been developed with the person in order to agree ways of keeping people safe whilst enabling them to have choices about how they were cared for. These covered the range of daily activities and possible risks including preparing food and medicines administration. Risk assessments of the home environment, including any equipment used to help mobilise a person, such as a hoist were checked for safe use. The registered manager told us it was the staff's responsibility to ensure the home environment was safe. These measures helped to ensure staff were working and caring for people in a safe environment.

Effective measures were taken to help prevent and control infection, for example, by using hand gels, gloves and aprons. These procedures helped to ensure the safety of staff and the person in their home.

Recruitment practices were safe. We looked at the personnel files of two staff and saw the necessary recruitment steps had been carried out before they were employed. This included a completed application form, references and criminal record checks. These checks helped to ensure that people were cared for by staff suitable for the role.

The service had a system in place for the investigation and monitoring of incidents and accidents. Following an incident or accident occurring staff would contact the registered manager as soon as possible and an investigation would be carried out and an action plan developed if necessary. This process helped to keep people safe and avoid a reoccurrence of the accident.

Medicines were administered safely. The registered manager said the care staff only prompted people to take their medicines. Because people lived at home with their family, the family were responsible for removing the medicine from the blister pack. Nevertheless staff had received training in medicines administration which meant in the future people would be assisted by staff qualified to administer medicines.

Is the service effective?

Our findings

People were cared for by staff who received appropriate training and support. People did not tell us specifically if they thought staff were well trained but commented "Staff are absolutely excellent," "Staff do a good job" and "I am very happy with the staff."

Staff had the skills, experience and a good understanding of how to meet people's needs. Miracle Agency was new and had only recently started to employ people. The staff they employed had worked for other home care agencies where the majority of their training had been received. The registered manager ensured staff were correctly qualified by checking training certificates and previous training records. We saw recent training certificates for safeguarding adults, manual handling, first aid and health and safety. Staff were encouraged and supported to complete the Care Certificate. The Care Certificate is a nationally recognised set of standards that gives staff an introduction to their roles and responsibilities within a care setting.

The registered manager showed us a comprehensive training programme they had developed that staff would start to follow. Training consisted of on line E learning and class room learning. The checks the registered manager had made and the training programme they had put in place ensured people were cared for by staff suitably trained to meet their needs.

The three people who used Miracle Agency were funded through their local Clinical Commissioning Group (CCG). It was clear from the people and relatives we spoke with that they were actively involved in making decisions about their care and support needs. One relative said, "Staff call at a time that suits us and the care they give is what we have asked for." Staff we spoke with told us they encouraged people's involvement in decision making. The registered manager said that people's capacity to decide on how their care was to be delivered was discussed at the initial assessment stage. This helped to ensure everybody was aware of the person's ability to decide on what was in their best interests.

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 had up to date policies and procedures in relation to the Mental Capacity Act 2005 (MCA) and consent. These policies and procedures gave staff instructions and guidance about their duties in relation to the MCA and consent.

Where required staff supported people to eat and drink sufficient amounts to meet their needs and people's dietary requirements were detailed in their care plans. Meals were generally prepared by the person's family but staff had received training in food nutrition and food safety. Staff were also aware of respecting people's religious and cultural needs when preparing or serving food. Staff ensured the person had food and drinks available to them when they were on their own.

Staff worked closely with the person's GP and the local district nurses (DN) in supporting people to meet their health needs. Both the GP's and the DN would write in the communication book at the person's home which staff could read to ensure the person received the care as advised by the GP or DN. This knowledge of people and the training and support staff received had helped to ensure an efficient service that was person centred.

Is the service caring?

Our findings

People and relatives commented "They look after my relative, that's the important thing," "They [staff] make me feel happy and relaxed" and "I am very happy with the staff."

People's care records were well written and informative, giving details of people's support needs and daily activities. This information helped staff to care for people appropriately. The provider recognised the importance of providing the same staff consistently over time so they knew the people they cared for well. The registered manager said feedback they had received from people who used the service was that they liked the consistency of the same staff visiting them each week as it gave them confidence in the staff who would support them.

Before going to see someone new the care staff received the care plan from management and read about the person before meeting them. This meant people receiving a service had continuity from staff who understood their needs.

All the people we spoke with felt that their privacy and dignity were maintained by staff when personal care was being given. People had been asked if they would prefer male or female staff to help them with personal care and their preference was respected. One person said "Staff are always very polite when supporting me to wash and dress."

A staff described how they would ensure a person's privacy and dignity while helping them to wash or change their clothes. One staff member said "I treat people the way I would like my own mum cared for."

People, where required were supported with their end of life care. Staff with the person and families could help ensure the person received the care they wanted, when they wanted it.

Is the service responsive?

Our findings

The service was responsive to people's needs. Staff assessed people's support needs and this information was used to plan the care and support they received. The registered manager worked closely with the CCG who commissioned the service of the Miracle Agency. They did this to ensure that they could fully support the person from the information given to them by the CCG and from their own personal assessment of the person's support needs. This attention to detail helped to ensure the person received the care and support they needed and wanted.

Each person had a person-centred plan in place, identifying their personal and health care needs, as well as guidelines for providing care for them in an individual way. The people who used the service were involved in the development and review of their care plan. The care plans we looked at evidenced that the people had signed their plans and a copy was kept in their home and in the office. Staff told us as they got to know a person and if their support needs changed; this information would be fed back to the registered manager, so that appropriate changes, with the person's agreement could be made to the person's care plan. People were able to contribute their views and preferences to the process and to the reviews of their care.

The provider had a complaints process. The information given to people explained the complaints process and what they could do if they were not happy with the quality of service they received. People when asked said they had not needed to complain but would be happy to speak with the staff or registered manager if they needed to.

The registered manager explained that any complaints or concerns received would be reviewed, investigated and responded to in a timely manner. So far they had not received any complaints or concerns but would use these as an opportunity to improve the service appropriately.

Is the service well-led?

Our findings

People and their relatives we spoke with told us they thought the service was well managed. People and their relatives knew the registered manager and staff by name and were able to speak with them at any time.

From our discussions with the registered manager it was clear they had an understanding of their management role and responsibilities and the provider's legal obligations with regard to CQC including the requirements for submission of notifications of relevant events and changes. The registered manager kept themselves up to date with current good practice by accessing training for managers with the CCG, attending a care providers' manager's forum and through the CQC monthly updates. This knowledge and information could then be shared with staff.

We found staff were positive in their attitude and they said they were committed to the support and care of the people. Despite the team only being small, team meetings were held regularly, as an opportunity for staff to get together and discuss the development of the service.

The provider asked for people's views of the service and of staff to monitor and improve the quality of the service. This was through telephone calls to people and relatives and 'spot check' calls to people's home. 'Spot checks' were unannounced visits by the provider to a person's home to ensure the care being given by staff was of a standard and quality the provider and person required. The registered manager also occasionally worked as a care staff member, which they said helped them to get to know people and the support they needed. People we spoke with were very happy with all the staff that supported them.

The provider had effective quality assurance systems in place to monitor the scheme's processes. This included monitoring staff training and future training needs and auditing of peoples' support plans to ensure they were relevant and up to date. These systems helped ensure people received the care they needed as detailed in their support plans and delivered by appropriately trained staff.