

Micbee Care & Employment Limited

MICBEE CARE & EMPLOYMENT LIMITED

Inspection report

141 Morden Road
Mitcham
Surrey
CR4 4DG

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10 March 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

We carried out this unannounced inspection on 10 March 2016. We last inspected this service in September 2014. At that inspection we found the service was meeting all of the regulations we assessed.

Micbee Care and Employment Limited is a small domiciliary care provider who provides support and care to 19 people living in their own homes. People who use the service are older adults living within the local community.

There was a registered manager employed at the service. 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.

Everyone we spoke with told us that this was a good, safe service and said they were quite happy with it. People told us that the staff who supported them knew them and how to provide the care and support to meet their needs.

Appropriate risk assessments were in place that helped protect people and staff in the delivery of care and support.

People told us there were sufficient numbers of staff who helped support them in the way they needed to be cared for. We saw the service had sufficient staff available to support people. Safe systems were used when new staff were recruited to ensure they were suitable to work in people's homes.

We saw evidence that people received their medicines safely and appropriately.

People were treated with kindness and respect and were included in all decisions about their care. Staff knew how to protect people's privacy and supported people to maintain their independence.

The service demonstrated that they were aware of people's capacity and documented this in people's written records of care.

People were involved in planning their care and their views were sought when decisions needed to be made about how they were cared for. The service involved them in discussions to help keep them safe and promote their wellbeing. Staff treated people with respect and dignity.

People indicated that they felt that the service responded to their needs and individual preferences. Staff supported people according to their personalised care plans. Care plans were reviewed annually or earlier if people's needs changed.

We saw there was an appropriate complaints policy in place that people were aware of. People told us that the provider encouraged people to raise any concerns they had and responded to them positively and in a timely manner.

There was a clear management structure to ensure the service was running in a way that was efficient and effective in supporting staff and to ensure the quality of the service offered to people.

People who used the service were confident that action would be taken if they raised any concerns. The registered manager asked people for their views about the care they received and acted in response to their feedback.

People gave positive feedback about the management of the service. The registered manager and the staff were approachable and fully engaged with providing good quality care for people who used the service. The provider had systems in place to continually monitor the quality of the service and people were asked for their opinions via surveys. Action plans were developed where required to address areas for 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 told us they felt safe with the service they received. Appropriate risk assessments were in place to keep people and staff safe in the delivery of care to people.

Staff were aware of their responsibility to protect people from harm. They were aware of how to recognise and report concerns about vulnerable people.

There were sufficient staff to provide appropriate support to people. Appropriate systems were used when new staff were recruited and people could be confident the staff who visited their homes were safe and suitable to work for a care service.

People received their medicines safely.

Is the service effective?

Good ●

The service was effective. All staff completed training before working on their own in people's homes.

Staff received regular supervision and training that ensured they were well informed and skilled to carry out their work.

All of the people who received care and support from this agency at the time of this inspection were able to make their own decisions about their care.

People received the support they required to eat and drink and to maintain their health.

Is the service caring?

Good ●

The service was caring. People valued the care they received and liked the staff who supported them.

The staff treated people with respect and protected their privacy and dignity.

The staff were kind and helpful and knew the people they were supporting.

Is the service responsive?

Good ●

The service was responsive. People were involved in planning and agreeing to the care they received.

Care plans were based on thorough assessments that were reviewed and updated so that people's changing needs could be met. Care plans were written in a clear and concise way so that they were easily understood.

People were aware of the complaints policy and were confident that any concerns would be dealt with appropriately via the complaints process.

Is the service well-led?

Good ●

The service was well-led. Staff were appropriately supported by the registered manager and the care coordinator.

There was open communication within the staff team and staff felt comfortable discussing any concerns.

The registered manager had implemented a variety of quality assurance methods so that they could regularly check the quality of the service being provided. They made sure people were happy with the service they received.

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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.

The inspection took place on 10 March 2016 and was announced. We told the provider two days before our visit that we would be coming. We did this because the manager is sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that they would be in. The inspection was carried out by a single inspector.

Before the visit we reviewed the information we held about the service, such as notifications we had received from the registered provider. A notification is information about important events which the service is required to send us by law. We contacted the local authority commissioning and social work teams for their views of the agency.

We visited the agency's newly registered offices and we looked at care records for five people who used the service and four staff records. We also looked at records relating to complaints and how the provider checked the quality of the service. We spoke with five people who used the service and one relative. We also spoke with two service commissioners, the registered manager, the care co-ordinator of the service and two staff.



Our findings

We spoke with people and their relatives to check that they felt safe with the care provided by this service and with the staff who visited their homes. One person told us, "My carers are really kind, I feel safe and comfortable with them", and another person said, "It's very reassuring to know I'm getting regular visits and I'm being checked up on." A relative we spoke with told us that they were confident the agency provided a safe service. They said, "They are very caring to my [family member] and they do all that's necessary really well."

People told us they were involved with the needs and risk assessments that were carried out by the agency. From our inspection of people's care files we saw that potential risks to people's safety had been identified and their records held information for care staff about how to reduce the risks. The staff we spoke with told us they knew how to keep people safe. We saw that people's risk assessments were carried out together with them and their relatives. All risk assessments were signed off by both relatives and people. We saw there were risk management strategies in place that identified planned ways to reduce them.

We spoke with staff and asked how people were protected from bullying, harassment and avoidable harm. Staff explained that they had appropriate training that helped to ensure they were able to protect people from abuse. Staff were able to describe different types of abuse and how they would raise concerns about them. Staff were clear on what action they would take if they had concerns about the actions of a colleague and discussed with us the company's whistleblowing policy. The policy gave clear guidance as to how to raise concerns. This meant that staff could quickly and confidentially highlight any issues they had with the practice of others.

Staff training records showed all staff were up to date with safeguarding training. Staff told us that safeguarding people was a frequent topic in staff meetings and in individual supervisions with their manager.

We spoke with people who used the service and their relatives and we asked if there were sufficient staff to support them and if they arrived at their homes on time wearing their uniforms and identity badges. All of the people we spoke with and their relatives were satisfied with this aspect of the service. They told us that they usually received care from a team of staff who knew them and who knew the support they required.

We looked at the recruitment records for four members of staff. We saw that thorough checks had been carried out to ensure the staff were safe and suitable to work in people's homes. Staff and the two managers

we spoke with confirmed that checks and references were taken prior to their employment. As part of the recruitment process staff skills and knowledge were assessed and suitable induction training that included shadowing experienced staff was planned and completed. This meant that people who used the service could be confident that the staff who visited their homes had been recruited using safe procedures and were able to carry out their roles appropriately.

People told us that they received the support they needed with taking their medicines. One person said, "I have a live in carer and they remind me about my medicines. I take lots of different tablets and I would get muddled up, but staff keep me on track". We saw that the staff kept accurate records of the medicines they had given to people and these were monitored by the registered manager to ensure they were completed appropriately.



Our findings

People who used this service told us that the staff who visited them regularly knew the care they needed and how to provide their support. One person said, "I have a regular carer and they know what they are doing." Another person told us, "The carers I have are all very professional". A relative told us they thought the staff who supported their family member knew what they were doing and were very caring.

The records we looked at showed that all new staff had completed induction training before working on their own in people's homes. The staff we spoke with confirmed that they did not work on their own before they had completed this training and said they shadowed a more experienced member of staff so that they understood their roles better. One new member of staff we spoke with said, "I shadowed other staff before working on my own and this helped me to feel really prepared."

We were shown a copy of the staff training schedule by the registered manager. Staff had received a wide range of mandatory training. This included food hygiene, infection control, medicines training, manual handling, first aid, safeguarding and health and safety training. All the staff whose files we examined had completed their National Vocation Qualifications at level 2 or 3.

The registered manager told us all staff were supported with a range of regular supervision that included one to one supervision and spot checks. They said they believed this provided staff with the best support to enable them to do their jobs effectively. We saw up to date supervision records for staff that evidenced they had regular supervision every six to eight weeks. The records we saw also showed the service had plans for developing staff in terms of training and further qualifications which were discussed during supervision meetings and then followed up. Staff told us the registered manager was ready and available to provide informal support to help them provide effective care to people.

We saw that the service had good links with both Merton and Sutton's clinical commissioning groups. They commissioned services from MicBee Care and Employment Ltd. We spoke with the officers from both these groups and they told us they thought MicBee staff were well trained and knew how to help support people appropriately.

We saw that staff were encouraged to develop through specific training that that they judged would help them develop in their role. Staff told us that they were encouraged to go on different kinds of training and then use their training and expertise to support the work of the team. One new staff member said of the induction training, "It was really good, we had an intensive induction, it was very structured and interactive,

really interesting."

The registered manager had a good understanding of their responsibilities under the Mental Capacity Act 2005, (MCA) and around protecting people's rights. The 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. All of the people who received care and support from this agency at the time of the inspection were able to make their own decisions about their care.

MicBee had appropriate contracts in place with each person whose files we inspected. The registered manager told us that if they had any concerns regarding the person's ability to make decisions they would involve the person's relatives or other relevant health or social care professionals to make best interests decisions for them .

We found that people who used the service were supported to have a nutritious and balanced diet. Care plans we saw included details about this for people so that staff were able to help meet people's needs. Where people needed support with food preparation they said that staff asked what they wanted and respected their decisions and choices. One person said, "My carers always check how I like things and never take things for granted." All the care staff we spoke with showed they understood people's right to make decisions about their lives and care.

People told us that when they were unwell their relatives usually contacted their GP or other healthcare staff. This was confirmed by relatives we spoke with. People said on some occasions staff had done this on their behalf and people said they had appreciated this support. We saw from the written records that when necessary the service regularly involved other health and social care professionals in people's care.



Our findings

Everyone we spoke with told us that the staff were kind, helpful and caring. One person told us "They're very caring". Another person said, "The staff are good, helpful and caring". Another person said, "My carer always asks if she do anything else for me." People told us that they valued the support they received. One relative said, "I couldn't do without the support I get with my [family member], we both find it essential. The staff are caring people."

People who used the service told us the service provided professional staff who had a caring and friendly attitude. People and their relatives said staff were pleasant and polite at all times. They said that they felt listened to by staff, the registered manager and the care coordinator. Staff told us they knew what help people needed from reading their care plans and from talking to people. Staff said they took the time to speak with people to ask how they would like their care and support to be provided. The care coordinator told us, "When we start a new service with someone, either I or the registered manager visit the person and carry out an assessment together with the person and their relatives. We encourage people to tell us how they want their care to be provided. We then go through the care plan with them to check it is how they want it to be. Before staff start to provide any service they always go through people's care plans so that they know exactly what needs to be done." A member of staff also told us, "I do ask people how they would like me to do things like personal care for them so that I can respect their privacy." The registered manager and staff told us they always encouraged people to be as independent as possible.

We noted that the service had policies that referred to upholding people's privacy and dignity. These policies were linked with staff training. In addition the service had policies in place relating to equality and diversity this helped to ensure people were not discriminated against. One staff member said that the training had really helped them to focus on treating people with dignity and promoting independence to ensure people felt valued. They said, "We had good training on how to support people from a person centred approach and on the core values of respect." Another said, "Giving people choice and a voice is important. I think it helps people, they seem so much happier."

We saw that people's care plans contained a high level of detail about how to help them express and communicate their wishes. One person said, "My carer knows me well. She takes the time to find out what I like and then makes every effort to make it happen. And it's done at my pace so I don't get anxious".

We noted that staff provided end of life care to some people. The service had arranged suitable training for staff to enable them to support people properly and they worked in conjunction with healthcare

professionals. The commissioners we spoke with were positive about this support offered to people. One commissioner said, "They [the staff and the service] are very reliable, they do a good job and all the feedback we get is positive."



Our findings

We asked people for their views about the service and how the service made sure they received care and support that met their needs. People we spoke with said they received an assessment visit from the registered manager before their care package started. They said they spent time talking about their needs, likes and dislikes and preferences for meeting their care needs. One person told us, "My carer always checks with me what else they can do and says if you need anything else just ask."

Commissioners of this service told us that the agency was particularly good at communicating with them about the care of the people they supported. They said they had a good working relationship with the agency. They felt the agency was reliable when working with people and at responding flexibly at times of crisis for the people they were supporting. Relatives told us that they knew how to contact a manager in the agency if they wanted to request any change to the planned care of their family member. They said that if they ever needed to ask for a change to their care the agency did "everything possible" to agree to their request. People told us they received care from staff who they knew and who they liked. Some people told us they had requested a change of carer. One person said, "I've now got a great team of staff who I get on with, at one time I didn't get on with one carer and the manager made the changes for us."

We looked at the care records for people and we saw that these included the choices people had made about the support they received and how they wanted their care to be provided. The staff also assessed people's emotional, spiritual and cultural needs. The care plans we saw gave details of the support people needed in relation to their personal and health care needs. These guided staff on how to deliver the right kind of care and support. The person-centred plans also gave guidance on all aspects of individual's needs. These were written in the first person and for some people were written in ways to make them easier for them to understand.

The staff we spoke with told us that the care plans provided them with information about how to support people. They said they knew how to contact a manager in the office if the support a person needed had changed and their care plan required updating. The registered manager told us that care plans were reviewed annually or earlier if people's needs changed. They said staff would report back to the office if someone's needs changed. A review would take place to re-arrange care provision and this would be done with the person concerned so that their views and wishes were taken into account. People told us they had their care reviewed and that they were central to the process. We saw evidence of this in the care files we inspected, reviews and care plans were signed off by people to demonstrate their agreement to what was written down.

We saw that the service had a formal complaints policy and procedure. People told us that they felt any concerns they had were listened to by the registered manager. One person said, "If I have ever had a concern about something they listened and they did something about it." One of the commissioners we spoke with said the agency responded well to any issues they raised with the agency. The complaints procedure clearly outlined what a person should expect if they made a complaint. There were guidelines as to how long it should take the service to respond to and resolve a complaint. The policy mentioned the use of advocates to help support people who found the process of making a complaint difficult. There was also a procedure for the complainant to follow if they were not satisfied with the outcome.

The registered manager explained that complaints were often resolved informally. The service had a record of all previous complaints. When we examined this we found that the service complied with its own policy in terms of resolving complaints in a timely manner. We also noted that previous complaints had generated action plans that had been used to improve the service.



Our findings

This service was managed by a suitably experienced and qualified manager who was registered with the Care Quality Commission. Everyone we spoke with said the service was well managed. People who used the service and the relatives we spoke with said that they had frequent contact from either the registered manager or the care co-ordinator. They all told us that they were confident that staff were committed to providing a good service. One relative told us, "The manager goes that extra mile to try to make sure we have everything we need". Another relative we spoke with told us, "We've been really happy with the service. We have used other agencies in the past and this is by far the best one. Staff communicate really well and any issues are sorted straight away".

People we spoke with told us that, if they raised a concern they were listened to and action was taken in response to their comments. This showed that the service used the feedback from people to improve the services provided. Staff told us that they were very happy working for the agency. They said it was professional and well managed.

The registered manager told us that they took seriously the need to continuously monitor the quality of the services they provided so that they had the information they needed to make improvements where they were needed. We saw there was a range of different methods in place to do this. An annual feedback survey was carried out for people who used the service, their relatives and health and social care professionals. They were asked for their views about the services provided. We were shown the evidence gained from the last feedback survey carried out in November 2015 in the returned feedback forms. The rate of return was 68% and all the returns were positive about the service.

Competency assessments were carried out by the managers to check that staff continued to operate effectively. We saw evidence of this for example with the use of hoists.

We saw other examples of how well the quality of care delivery, support and services was monitored in the service. Regular spot checks were carried out by the senior staff to see how care was actually being provided to people by staff. We saw evidence of these checks and we noted they were carried out every three months. The registered manager told us if any concerns were identified during spot checks this was discussed with individual staff members during one to one meetings so the concerns were addressed.

We also saw evidence of telephone monitoring calls made to people to check they were happy with the support and care they received. We noted that feedback from the quality monitoring processes we saw in

place was used to ensure that services were of good quality. We also noted that the organisation had an improvement agenda that used the outcomes of quality monitoring to promote improvement and change.

Staff told us they felt confident calling into the office to speak with the registered manager or the care co-ordinator. The staff we spoke with said they knew they could call in the office any time they needed to. We spoke with staff and they said they had regular three monthly team meetings. We saw the minutes of the last two meetings in October 2015 and February 2016. Staff said that this helped them to feel supported in their work and to be clear on the values and ethos of the organisation. We saw that some of the agenda items of these meetings were about the general running of the service and issues to do with best practice were discussed so that improvements could be made where necessary.