

Mi Care Southern Ltd

# Mi Care Southern Limited

## Inspection report

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## Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Outstanding 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

# Summary of findings

## Overall summary

We undertook an announced inspection of Mi Care Southern Limited on 15 January 2016. We told the provider two days before our visit that we were coming to make sure that someone would be available to support the inspection and give us access to the agency's records. Mi Care Southern provides personal care services to people in their own homes. At the time of our inspection 70 people were receiving a personal care service from the agency. The service was supporting people with a range of needs, including older people with living with a dementia type illness, people with physical disabilities and people living with mental health needs.

The agency had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The leadership and management of Mi Care Southern Limited were excellent. The ethos of service was to provide high quality and person-centred support to people. These values were owned by management and care staff alike and were underpinned by every system and practice in place. Staff were well trained and highly supported and this enabled them to deliver the best possible care to people.

People repeatedly praised the kindness of staff, with one person encapsulating this by describing their care workers as, "A daily friend." In the feedback we obtained during the course of this inspection, we were given numerous examples of times when staff had gone above and beyond people's expectations to provide truly personalised care.

The office staff worked hard to match suitable and regular care workers to people in order to facilitate consistent and person centred care. Management and care staff had a good understanding of people's needs and wishes and consistently went the extra mile to communicate with and support them effectively. People and their relatives recognised and appreciated these efforts which allowed them to receive their support in a way that made them feel safe and in control. One relative told us, "Mi Care have been sensational.....I can rely on them without having to worry whilst I work."

People were protected by the robust recruitment systems in place which ensured only suitable people were employed to support them. The registered manager was committed to only accepting new care packages where she was confident that the service had sufficient care workers with the right skills to care for them appropriately. As such people told us that the agency had never missed a call and that their care workers usually arrived on time and always stayed for the entire time allocated.

All levels of the agency demonstrated a strong commitment to providing a personalised and holistic service. The registered manager had excellent and sustained relationships with other professionals and worked alongside them to deliver the best possible care to people. A local district nurse described the service as, "A

brilliant agency" and described the steps taken by Mi care Southern Limited to provide end of life care with absolute dignity and compassion. Similarly, a social care practitioner told us, "I am always relieved when Mi Care are able to take on one of my clients as I know they will receive excellent support."

The service had good systems in place to ensure that people's needs were properly assessed at the start and kept under ongoing review. People and their relative's described how responsive staff had been to their needs and how, "Nothing is ever too much trouble for them." People told us how they felt fully involved in their care and care workers talked to us about the things they did to support people to be as independent as possible. The service had good measures in place to protect people from harm. Risks to the health, safety and well-being of people were addressed in an enabling and proportionate way to ensure that people were kept safe without being restricted from living their life as they wanted.

The service celebrated its successes as a way of motivating staff, but was never complacent and always striving to continually improve. People were regularly asked to provide feedback on the service. Where people made suggestions or raised issues, they were listened to and resulted in change.

## 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 were protected from harm. People had confidence in the service they received and felt safe and secure in the hands of their care workers.

Risks to the health, safety and well-being of people were addressed in an enabling and proportionate way which promoted independence.

Care workers had the knowledge, skills and time to care for people safely and consistently.

There were safe and robust recruitment procedures to help ensure that people received their support from staff of suitable character.

The service had good systems in place to safely support people with the management of their medicines.

### Is the service effective?

Outstanding ☆

The service was very effective.

The service had excellent systems in place to ensure that people received effective care that met their needs and expectations.

People's lives were improved because of the care they received. All staff recognised people as individuals and worked together to give people high quality support.

Staff were provided with ongoing and advanced training, support and supervision to ensure they always delivered the very best care.

People were supported by staff who confidently made use of their knowledge of the Mental Capacity Act 2005, to make sure people were involved in decisions about their care and their human and legal rights were respected.

Staff used creative and innovative ways to support people with their dietary needs.

The service worked collaboratively with other professionals to ensure that people maintained their health and wellbeing.

### **Is the service caring?**

**Outstanding** ☆

The service was exceptionally caring.

People, relatives and other professionals repeatedly praised the kindness of the staff and valued the positive relationships they had with them.

Management and care staff had an excellent understanding of people's needs and wishes and consistently went the extra mile to communicate with them effectively.

The service demonstrated a strong commitment to providing a truly personalised and holistic service. End of life care was always provided with dignity and compassion.

The whole ethos of the service was to provide a high quality and compassionate service. These principles had filtered to all levels of the organisation with staff and managers alike being highly motivated to provide care in the most respectful and inclusive way.

### **Is the service responsive?**

**Outstanding** ☆

The service was outstanding in the way it responded to people's changing needs.

People received a personalised service that was planned proactively in partnership with them.

People's care was kept under continual review and the service was flexible and responsive to people's individual needs and preferences. Staff responded quickly when people's needs changed and could adjust visit times and support packages at very short notice.

Staff signposted people to join community groups and supported their inclusion, independence and well-being.

People were actively encouraged to give their views and raise concerns because the service viewed all feedback received as a natural part of driving improvement.

## Is the service well-led?

Outstanding 

The service was extremely well-led.

The registered manager and the provider of the service promoted strong values and a person centred culture. These values were owned by everyone and underpinned every level of practice.

Staff were highly motivated and proud to work for the agency and were continually supported and developed to provide the highest quality of care. Staff were committed to the future of the service and making it the best it could be.

The service was focussed on continual improvement and never complacent about its successes, always looking for the next improvement that could be made.

Robust quality assurance systems enabled the service to ensure that the service delivered support in line current best practice and always making sure that they put people at the very heart of every process.

# Mi Care Southern Limited

## 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 was 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 15 January 2016. The provider was given 48 hours' notice. We did this to ensure the registered manager was available to meet with us and provide access to records. The inspection team consisted of one inspector and one expert by experience. An expert by experience is someone who has personal experience of using or caring for someone who uses this type of service.

Before the inspection we reviewed records held by CQC which included notifications and other correspondence. A notification is information about important events which the registered person is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection. The provider also completed a Provider Information Return (PIR) before our inspection. This 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. Along with the PIR, the provider sent us a contact list of people who used the service, their relatives, staff employed and other professionals involved with the agency. Using this information we sent out questionnaires to a range of people. We received responses from 11 people, three relatives, eighteen staff and three community professionals.

During our inspection we went to the agency's office and met with the registered manager, the owner and one care manager. We reviewed a variety of documents which included four people's care plans, four staff files and other records relating to the management of the service.

After the inspection, we conducted telephone interviews with ten people who used the service and 13 relatives of people who received care. We also undertook telephone interviews with six care staff to seek their views on working with the agency.

We spoke with three other health and social care professionals who were involved in the care provided to people who used the service.

MI Care was last inspected in October 2013 where we had no concerns.



# Is the service safe?

## Our findings

Everyone we spoke with repeatedly told us how their care workers made them feel safe, for example, one person said, "I feel very safe with my carers, particularly when they are showering me." Similarly, another told us, "They are a godsend and I could not manage without them. I feel very safe with them." Relatives provided the same feedback with frequent comments including, "We feel absolutely safe with our group of carers, and they are brilliant." Our conversations with other professionals reiterated that they too believed people to be in safe hands with this agency. One social care practitioner told us, "I am always relieved when Mi Care are able to take on one of my clients as I know they will receive excellent support."

People were safeguarded from the risk of abuse because there were good systems in place. The registered manager and office staff understood their roles and responsibilities with regard to safeguarding procedures. They were all clear about what to do if they had any concerns at all about people. Each week the service held a managers meeting where any concerns or issues about people were discussed. Where people had been highlighted as being at potential risk, the service had acted swiftly and appropriately to safeguard them.

Care workers had received training in safeguarding adults at risk and those we spoke with demonstrated that they were confident about how to keep people safe from harm. Staff told us that they would have no hesitation in reporting any concerns they had to the office or if necessary to outside agencies including the police, the local safeguarding team or CQC. The service had a safeguarding policy which had been updated in line with the Care Act 2014 and also included a step by step process of how to respond to safeguarding concerns, including the contact details of people who should be informed.

People's safety was carefully balanced with their right to remain independent because the service had a positive and enabling approach to managing risks. At the start of every new care package, one of the office managers completed a detailed assessment with people. This included assessing any risks associated with people's needs, living environment or equipment. Where people had mobility needs, we saw that an additional moving and handling risk assessment had also been completed and the service had taken steps to check that any specialist equipment, such as hoists were maintained in good working order.

Risk assessments were kept under ongoing review and staff confirmed they understood the importance of reporting any new risks to the office. When people's needs changed, such as their mobility decreased or they experienced falls, risk assessments were updated in a timely way and appropriate action taken. For example, staff had recently reported moving and handling concerns regarding one person and the service had immediately arranged for an urgent assessment with an occupational therapist which led to more specialist equipment being supplied.

People were protected by the steps that had been taken to ensure that information about how to access their homes was kept secure and only available to those who needed to know. People and their relatives had no concerns about the way the agency managed access to their homes. In addition to the usual agreed arrangements, the service had also liaised with people and their relatives about what they wanted to do if

they could not gain entry through the usual route. This provided people with the additional peace of mind that there was a safe contingency plan in place if staff couldn't gain access for any reason.

The agency operated a 24-hour on call service, with one of the managers always being on duty. People said that whenever they called the office, they always received a response, regardless of the time of day. Staff confirmed that one of the managers was always available to speak with if they needed to.

The agency had systems in place to manage and report any accidents and incidents. The registered manager told us that none had occurred in the last 12 months, but was clear of the process that would be followed if they did.

People received safe and consistent support from care workers who had the knowledge, skills and time to care for them appropriately. The registered manager spent a lot of time each week scheduling people's calls to ensure that people were supported effectively and wherever possible by care workers that they knew. Most people confirmed that they received regular care staff and were very grateful for this fact. People typically told us, "I have a small group of carers who support me....I know them all and feel very safe with them."

It was the agency's policy to allow staff sufficient time to travel between the different people they supported and a clear expectation that care workers should spend the full allocated time with each person. People confirmed that staff did always, "Stay the full time" and no one had experienced a missed call. One relative commented, "There is no sense that they are rushed and they spend time talking to my husband as well as providing the care." Similarly, another relative told us care workers were, "Never too busy to take the time to have a cup of tea and a chat with dad."

Care workers said that they worked in close geographical areas which reduced the time spent travelling between people. They felt that the time allocated to calls was usually sufficient to undertake the tasks expected of them. They also told us that if they ever finished early, then they would do additional jobs for people, such as domestic tasks, shopping or just sit and chat. Staff confirmed that if people were ever unwell or needed extra time, then they could just contact the office who would arrange for the next person on their list to be called or covered by someone else. They said they were, "Never pressured to hurry up or leave a person when it wasn't right to do so."

There were safe and robust recruitment procedures to help ensure that people received their support from staff of suitable character. We found that staff files had all the required information, such as a recent photograph, full employment history, references and a Disclosure and Barring Service (DBS) check. DBS checks identify if prospective staff had a criminal record or were barred from working with people who use care and support services.

The service had good systems in place to safely support people with the management of their medicines. Most people did not require support when taking their medicines. Where people needed to be prompted, their care records contained details of the prescribed medicine and any side effects. There was a system for keeping records up to date with any changes to people's medicines. Staff recorded each time a medicine had been taken by the person. People told us; "They check that I have taken my tablets", "They give me tablets and organise my pain relief" and "They always record everything in my book."

All staff had been trained in the safe administration of medicines and the agency had clear policies and procedures for them to follow. We saw that Medication Administration Records were regularly returned to the office where the registered manager audited them. Where errors were identified, for example if a care

worker had forgotten to sign the record, the registered manager had met with the staff member and provided additional training and support.

## Is the service effective?

### Our findings

People felt supported by knowledgeable, skilled staff who had the right competencies and effectively met their needs. Everyone we spoke with praised the care workers who supported them and said that they were well trained and competent in their work. One person told us, "The carers who come to me certainly know what they are doing" and another said, "The carers who come to me are very well trained. They know exactly how to help me." A relative also commented, "They provide care completely at my mother's pace. They have really taken the time to get to know her."

Health and social care professionals consistently told us that the staff employed by Mi Care Southern Limited were of an exceptionally high professional standard. For example, one social care practitioner described staff as, "Professional, proactive and very competent." A senior social care assistant also highlighted, "They have a large number of staff in the office who have worked directly in social care teams meaning they have a good knowledge of the information we require.... they are able to provide comprehensive information in a timely fashion."

People were supported by compatible staff that had been specifically matched to meet their needs. One family member told us, "The service has a good cross-section of staff, so they can really tailor the care to the client." The registered manager confirmed that they used staff's learning, skills and personal interests to deliver care that met people's individual needs. She commented "We are clear with staff from the point of first contact that we have a Statement of purpose, key aims and objectives and a dedication toward continual learning and development." She went on to describe how right from the interview process, the management team were assessing potential team members' strengths and weaknesses in consideration for the type of people they might be suitable to support.

The service spent time getting to know care workers in order to facilitate the process of scheduling the right staff to people. Supervision records highlighted that staff were encouraged to discuss their interests and the types of care they preferred to deliver. For example, the service recognised that some care workers enjoyed the challenge of supporting people with complex needs, whilst others preferred to support people who were more independent. Similarly, the management team knew which care workers worked best as part of a team and matched those staff to provide care to people who required the support of two staff. People and their relatives repeatedly told us how well suited care workers were to their needs and interests. As such, for those people whose first language was not English, the service worked hard to match them with care workers who could speak their native tongue.

People were supported by care workers who had the knowledge and skills required to meet their needs. Each staff member was given a handbook which outlined their roles and responsibilities and what was expected of them. This helped to ensure that care staff lived the visions and values of the service and provided support in accordance with best practice guidelines. Staff demonstrated to us that the philosophy of the service to provide the very best in person-centred care was something that was embedded in everything they did. Staff and management alike were humble about their achievements because providing a truly person centred standard of care was something they did automatically.

All new care workers completed a 12-week induction programme at the start of their employment which followed the Care Certificate. The Care Certificate is a nationally recognised set of standards that health and social care workers should adhere to in order to deliver caring, compassionate and quality care. Care workers confirmed that their induction had helped provide them with the necessary skills and knowledge to support people effectively. During this time, they had been given sufficient time to read people's care records and familiarise themselves with the agency's policies and procedures. They told us that they had spent a day in the office with the owner who had talked them through key areas such as safeguarding and the importance of maintaining accurate records. New staff had to complete a minimum of ten core e-learning topics before they were allowed to begin working with people.

The service was committed to tailoring the induction programme to the confidence and competence of the individual which not only effectively supported staff, but also kept people safe and well looked after. New staff completed a minimum of two weeks shadowing of other staff before working with people independently. At the end of the two weeks, they were observed to see whether they were ready to work independently, if not they undertook further shadowing or worked in teams with other staff supporting people who required more than one care worker.

The service maintained a book of the things they had done to make a difference to people's lives. This was shared with new staff as part of the induction process to help them visualise what 'going the extra mile' meant in practice and understand the expectations of them in their new role.

People repeatedly commented about how well trained their care workers were. The service had robust systems for ensuring that care workers completed ongoing training to ensure they were up to date with best practice and remained competent in their roles. In addition to mandatory training such as first aid and health and safety, staff had also completed training in more specialist areas such as equality and diversity, communication, dementia awareness and palliative care.

Staff highlighted the value of the training they received. They told us that whilst a lot of the training was completed on line, they always received practical training in core areas such as moving and handling. Staff highlighted that the benefit of e-learning was that they could complete the learning around their work and personal commitments. The registered manager maintained a tracker of all the training staff completed, along with their scores from the competency tests. Staff confirmed, "Oh yes, she's always checking up on us to make sure we are up to date."

Staff received effective support through supervision and appraisals. Supervision was a two way process used as an important resource to support, motivate and develop staff to drive improvements. Open conversation provided staff with the opportunity to highlight areas of good practice which were then shared with the team. Staff were also encouraged to raise ideas about how the service could be improved or where they required additional support to better their own practice. For example, one care worker told the registered manager that they felt nervous about providing catheter care. As a result the registered manager provided additional theoretical learning followed by two observation sessions in which the person could gain practical experience in this area. This care worker had since been observed as being "Thoroughly competent in catheter care."

The service placed high value on learning and the professional development of staff. The registered manager expressed that it was her personal goal to help staff view care work as a career choice and not just a job. Despite being a small team, the service had embraced the idea expressed by a relative working within the NHS of employing a training manager. The training manager was responsible for ensuring that every member of staff had an individual training plan that was reviewed with them four times each year. At the

time of our inspection two staff were working towards a level 5 social care management diploma, six staff were undertaking a level 3 health and social care diploma and a further ten staff were working towards a level 2 award. A further four staff were enrolled to commence diplomas the following month.

People benefitted from this culture of continual learning by receiving support from dedicated staff who felt valued and committed to being the best that they could be. From developing staff skills and interests, the service then supported staff to become champions in key areas such as dementia, communication and nutrition in order to share and promote best practice through the whole staff team.

People were supported and encouraged to maintain a healthy balanced diet. The service placed a strong emphasis on the importance of protecting people from the risk of poor nutrition and dehydration. By working collaboratively with a local district nurse and speech and language therapist, the service developed a simple food diary tool and weight chart to enable effective monitoring of dietary intake and act promptly if someone presented signs of being unwell. One staff member described how this tool had enabled them to quickly identify a person had started to reduce their food intake. The service raised this with the person's doctor and followed the advice given. Care workers had also noticed that the person ate more if the meal was made into a more social occasion. As a result the care package was adjusted and the person received extra time to enable staff to support them effectively in an unhurried way.

People told us that staff always gave them choice with their meals and respected their specialist diets. One person commented, "They always do my weekend meals for me and always ask what I would like before getting it ready." People and their relatives also highlighted that care workers were proactive in ensuring that people had access to sufficient fluids. For example, one person told us, "They make sure that I have plenty of fluids" and another person said, "They always get me a hot drink and a water before they leave."

Care workers were not afraid to try new and innovative ways to encourage people to improve their dietary intake and wellbeing. For example, one person required some intensive medical treatment but the consultant had said that this could not commence due to the person's weight loss. Through careful observation, the care worker identified that the person's food preferences had changed and that they only wanted to eat sweet things like they had when they were a child. As such, the care worker discussed with the person what foods they had eaten in childhood and then prepared the food discussed. The person subsequently regained their appetite which increased their weight so the life-saving treatment could commence.

The service worked in partnership with other healthcare professionals to ensure people maintained good health. People told us that care workers were available to support people to access their healthcare appointments if needed. We were told that care workers were proactive in identifying if people's needs changed. For example one person told us, "I usually make all my medical appointments, but one day the carer noticed something wrong with my ankle and called in the district nurse for me."

Other professionals described how they had, "Excellent" working relationships with the agency. One district nurse told us, "They are a brilliant agency....the communication is great and they always flag up any problems or concerns promptly...they are like an auxiliary extension of the service we provide." The registered manager worked really closely with the local district nursing team and gave an example of how the service had responded to a request from the district nurses to help them support people in the community better with their continence management. As a result the agency had introduced the same bowel monitoring tool as the nurses used and trained staff accordingly so that they could provide this accurate and useful information to the nurses.

Staff were clear about their responsibilities under the Mental Capacity Act 2005 (MCA) and staff had been trained to ensure they provided care in accordance with the MCA Code of Practice. 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. 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.

People told us that staff routinely asked for their consent before providing care, telling us, "They always make sure I am happy with what they are doing" and "They always ask before they do anything." Discussions with staff highlighted that they recognised the importance of gaining consent from people and doing so was something which was automatic to the way they delivered care. Through the provision of regular care workers who knew people and were able to effectively communicate with them, the service was able to ensure that the consent people gave was valid.

## Is the service caring?

### Our findings

Everyone we spoke with praised the exceptional care that they received from the service. People consistently told us that they were treated with absolute kindness and compassion. One person said, "The care I get is the best." Another told us, "The care the girls do for me is brilliant and I can't imagine anything better." Several people attributed the care they received as the reason they were able to remain in their own home, with one person telling us, "The care I get is excellent and I cannot fault it. The people who come to me treat me with total respect and without it I would not be as independent as I am now."

Relatives were equally as complimentary of the care their relatives received from Mi Care Southern Limited and repeatedly described the service as, "Excellent" and "fantastic." One relative told us, "They are very respectful and treat her so well, which has meant that she can still be at home which is so important." Similarly, another told us, "They always treat her with real respect and kindness." Family members expressed how staff treated them with kindness and made them feel as, "Looked after" as their relative who received the care. For example one relative was struggling to cope with their family member at a certain time of the day. Care staff took the time to get to know the person and linked the behaviour to a part of their past. In doing so they were able to support the relative to better understand the person and together provided them with the support they needed.

People benefitted from the time and effort that the service invested in building positive and caring relationships with people. The registered manager and owner were passionate about providing an outstanding service and it was clear that this enthusiasm and drive was effectively shared with all the staff employed by them. Care workers were proud of working for the service and those that had experienced working for other agencies said that Mi Care Southern Limited was, "So much better".

Staff had a genuine commitment to people's wellbeing. They told us that the service enabled them to deliver, "The best care" by giving them the time and support to do their jobs well and to do the, "Extra things that really make a difference." Staff were motivated to continually improve the way they cared for people. For example, one care worker was undertaking studies in effective communication. As part of this research they discovered that people with Dysphasia can often communicate better through song. They used this knowledge to support the person to attend a choir each week. This enabled the person to engage and connect with people again.

The service was committed to listening to people's views and giving them control over their care. For example when one person highlighted to the registered manager that their regular care worker was better at providing part of their care than a newer member of staff. The registered manager arranged for the two care workers to do a joint visit so that the experienced care worker could show the new care worker how the person liked their care to be delivered. As a result the person now has two care workers who can provide their care in accordance with their preferences and they no longer have to worry if their regular care worker is on leave.

People were supported by care workers who knew their individual communication skills, preferences and



abilities. Care staff explained that the way their work was allocated to them meant that they could spend time just chatting with people, taking them to the shops or posting a letter and recognised that providing high quality care was about more than just delivering the care plan well. One care worker described how the service had supported a person following a stroke to improve their communication. They told us, "One of the care workers had read that people who have had strokes can really benefit from reading simple stories out loud. As such the agency had spoken with the person's relatives who got them an iPad and we now spend an extra hour a week helping them to develop their speech." This had not only increased the person's communication, but also their feeling of self-worth.

Care workers were skilled at responding to people no matter how complex their needs and talked to us about how they spent time getting to know people and their individual histories. Where people's first language was not English the service had arranged for them to be supported by people who spoke their native language. For example one person had begun struggling to form sentences in English following a stroke, but when they were supported by a care worker from their home country they were able to converse fluently again. This discovery enabled the person to develop their confidence and regain control of their life again.

Care staff understood the importance of promoting people's independence and care plans reinforced the ethos that support was to be provided to allow people to lead the lives they chose.

The service maintained a book of the things they had done to make a difference to people's lives. This was kept in the office and used as a way to share their successes and compliments with each other and new staff. It was obvious from the entries we saw that everyone who worked for the agency shared a common goal of putting people at the centre of everything they did.

We saw photos, letters of thanks and written extracts of care provided and the common theme was that the service worked really hard to provide support that was personalised and special to each person. For example, we read how staff had gone to exceptional lengths to enable a person's special pet to be put to sleep in their presence at home by liaising with the vet to arrange a home visit and taking responsibility for the animal's burial. In another case, we read how the service had supported a person who had recently been widowed and who was feeling very lonely to get a dog. To do this the service had liaised extensively with the person's power of attorney and social services to make this happen and had ultimately agreed to take responsibility for the welfare of the dog. For these people, such acts of kindness by staff who genuinely cared about them, had significantly improved their emotional wellbeing.

People commended the service for providing care in a way that upheld their privacy and dignity. People told us that their care was provided with absolute respect and sensitivity. By gaining people's consent and talking to them about the care required, people were enabled to remain in control of their personal care. Care staff described to us the steps they took to ensure care was given in the most respectful and discreet way. For example, they worked with the family of one person to find unique ways to manage their continence needs independently which in turn enabled them to remain living in their own home.

People who were unwell or at the end of their lives received excellent care. The district nursing team said that the agency had worked closely with them in a number of cases where palliative care was being provided. They could not praise the care highly enough and described the support they had observed as being, "Really person centred." For example, on Christmas Eve the whole team at Mi Care Southern Limited worked together in order to enable a person at the end of life to return home from hospital and enjoy one last Christmas at home with their family. We were told that other agencies had refused to assist this person due to the time of year, but that Mi Care Southern Limited had embraced the challenge because they saw the person and genuinely cared about doing the right thing for them.

People received support from a regular team of staff who understood their needs and had the time to provide excellent care. People and their relatives repeatedly told us how care staff stayed however long was necessary to ensure people were safe, well and happy. Care workers confirmed that the service enabled them to spend the time they needed with people when it really mattered. One care worker told us, "They give us time to just sit and hold people's hands if that is what they need."

One relative told us how despite the care call only being scheduled for 30 minutes, a care worker had stayed more than two hours with their family member who had become unwell in their presence. During this time the care worker supported the person, contacted the relevant healthcare professionals and liaised with the person's family. The relative described the care worker as having done, "An excellent job" and it highlighted how the service typically went above and beyond what was expected. Care workers told us "We are never told to rush and they will always cover our next calls if necessary." In one recent case, care workers arrived to find a person had fallen. There was no hesitation from the on-call staff member in taking over the next calls from the care worker so they could stay with the person for however long was needed.

## Is the service responsive?

### Our findings

People's care and support was planned in partnership with them. People felt in control of the care that was delivered and praised the care they received. One person told us, "The carers know what I like and how I like things done." Another said, "The girls certainly know what I like and don't like." Care workers worked collaboratively to identify people's needs and preferences and support them accordingly. One person commented, "My girls know exactly what I like and make every effort to make it happen." Another told us, "The carers who come to me do understand my needs and make sure they fulfil them."

Assessments were undertaken to identify people's support needs and the information obtained was then used to develop a plan of care that outlined how those needs were to be met. Care records were fundamental to providing person centred care. They were thorough and provided detailed information to guide staff and ensured consistent delivery of care. People confirmed that copies of their care plan were kept in their own home and staff could read the information either there or at the office. Staff said they found the information enabled them to deliver effective support and it was always available before to them before they were asked to support someone. Staff were never expected to, "Go in blind" to a new person; they said that the service took active steps to ensure they had all the information they needed to deliver appropriate and personalised care.

Guidance was provided to staff to help them support people. Care plans contained information about people's life histories and how their preferences and experiences impacted on the way they liked support now. For example, one person living with dementia had previously been employed as a receptionist and care staff recognised that the person was reverting back to this profession at key times of the day. By understanding this, they were able to connect with the person and provide support in a way that was meaningful to them. People's likes and dislikes were clearly recorded throughout the care plan and information such as what people liked to eat, how they liked to be addressed and what they liked to wear were included in every care plan we read.

The service worked in accordance with recognised dementia best practice models and adopted the ethos of "No yesterday, no tomorrow, but today." The registered manager and two other staff had undertaken additional training in order to become dementia champions within the service. These staff supported other care workers to provide high quality dementia care to people. By understanding the importance of key pictures and colours, care workers had been able to effectively support people to remain living in their own homes. For example, for one person the purchasing of a bright red toilet seat and labelling the bathroom door had allowed one person to regain their continence. For another person, a care worker had introduced a red cup and plate and the person was able to eat and drink independently again.

Care workers demonstrated that they understood the importance of providing flexible support and commented that they adjusted the level of support for people in accordance with whether they were having, "A good or bad day." For example, for people living with a fluctuating illness, such as dementia we saw that the care plans guided staff to provide support in accordance with how the person was feeling. The provision of effective care planning along with regular and skilled staff meant that people always received support

that was personalised and responsive to their changing needs.

The registered manager described how the service was flexible. Care reviews were ongoing and management and senior staff had constant oversight of the care people received. They provided us with examples of the changes they had made to people's care delivery, either by increasing the number or length of visits when people's dependency was higher or by scaling back support as people became more independent.

The service always ensured that it was sufficiently staffed to be able to respond to people's requests for change. For example if people had a health care appointment or social commitment the service always made the effort to alter visit times accordingly. People confirmed that if they needed to change their care in any way, that this was always accommodated. Relatives also told us that they, "We would highly recommend them....they go out of their way in accommodating changes to care."

Discussions with staff reflected that the office were responsive to any changing needs or issues that they raised about people. One care worker told us, "The office are really good if you report a problem, they will come out straight away." The registered manager, owner and all office staff were also hands on in delivering care to people and as such had excellent knowledge about all the people supported by the service.

People's care was regularly reviewed. The registered manager had recently introduced a new system for one of the managers to contact people and/or their next of kin one week after the commencement of their care package. The purpose of this was to ensure the service was working well and whether any changes needed to be made at that stage. Following the initial monitoring of care packages, the service had clear systems to ensure all people's care was fully reviewed with them at least every six months. In reality though, the frequency of reviews was often greater because the service was so efficient in responding to changes in people's circumstances. For example, if a person went into hospital, experienced a fall or had been unwell, the service conducted an additional review of their care. Where people had other professionals involved in their care, we saw that the reviews were conducted in a multi-disciplinary way with the service seeking the views of others.

The risk assessments and guidelines for people were enabling and encouraged people to be as independent as possible. The registered manager was confident that people should be supported to take, "Safe risks" in order to lead their lives fully. Staff echoed this principle and described how they had supported people who had previously been unwell or in hospital to do more for themselves and gradually reduce the help they required from them.

The registered manager described how the service had supported three people to enjoy family holidays or visit relatives abroad by arranging for care workers to join them on the trips. The work involved for the service to make this happen had been immense, but the registered manager told us "We pride ourselves on being flexible about the care we provide and like to think that as long as something is legal we can make it happen."

The service had actively built links with the local community that enhanced people's wellbeing and quality of life. Staff were aware of the issues related to social isolation and the need to support people who may be living on their own. As such, staff took proactive steps to support people to access their local community and attend places of interest. For example, the service recognised that a number of people receiving their services would benefit from using a day service facilities but also understood that they felt there was a stigma attached to them doing so. As such, the service worked with a local day service to offer more meaningful activities and encourage people to attend as volunteer workers rather than members.

The service had a positive approach to handling concerns and complaints which they viewed as a part of driving improvement. The registered manager and office staff engaged regularly with people and their relatives which had fostered good relationships and a cycle of ongoing feedback. As such, the majority people told us that they, "Had no cause to complain."

The agency responded to concerns in an open and transparent way and this was reflected in people's confidence in raising any issues at an early stage. People were aware of the complaints policy and procedures in place and the few that had used this confirmed that their issues had been resolved quickly and to their satisfaction. For example, on one occasion a person had contacted the office when a care worker had accidentally spilt a drink on their carpet. The registered manager immediately apologised and offered to pay for the carpet to be professionally cleaned. The person did not feel that this was necessary, but felt valued because their concerns had been treated so seriously.

## Is the service well-led?

### Our findings

The registered manager and owner of the service were excellent role models for staff. Together they had worked hard to develop and sustain a positive and open culture at Mi Care Southern Limited. They recognised innovation and placed a strong emphasis on continually striving to improve. For example, the imaginative ways staff supported people to maintain a healthy balanced diet and the constant endeavour to match staff with people's individual needs and interests.

Without exception, people and their relatives all spoke very highly of the way the service was managed. One relative told us, "The provider and her team have been sensational. ....they run a great organisation and it shows in all the staff who have attended my family member over the years." Several people commented that, "Nothing is too much trouble" and, "The office is very helpful." Without hesitation people told us that they had and would recommend the service to other people.

Professionals praised the competency of the management and the openness and quality of communication. The service was a role model for other services. One district nurse commented that it was a, "Brilliant agency" and highlighted the proactive nature of the service. Professionals who commissioned the service told us that they were always, "Relieved" when Mi Care Southern Limited accepted one of their clients because they, "Know they will receive excellent support."

The service had created a positive and sustained culture which placed people at the heart of everything the service delivered. Management style was one of hands on leadership. It was the service's policy that all new customers were visited by a manager within the first week of service provision. The registered manager and her management team also regularly undertook care work themselves in order ensure they were familiar with the people they supported and understand the service provided at ground level. Care workers commented that this was so valuable to them and created a real sense of team work and people said that this had undoubtedly contributed to the high quality care they received.

The service had excellent systems in place to ensure the management team had robust oversight of their dispersed work force. In addition to the weekly manager's meeting, the service had set up a daily 'Huddle' meeting. The purpose of this meeting was to bring together all the managers and senior staff on duty each day to discuss and plan the day. The meeting followed the same agenda regardless of who was on duty. Through this process the service was able to effectively plan the day, respond flexibly to any required changes to care and delegate who was going to undertake which task. We saw how these meetings had led to high quality care for people. For example, in one case a care worker had reported concerns about a person to the duty manager at 7am. This had then been discussed at the 'Huddle' meeting at 8:30am and by lunchtime the person's GP had visited the person, prescribed medication had been collected by the afternoon care worker and delivered to the person's home. Meanwhile, the registered manager had contacted the person's funding authority to arrange an increase in care calls for the duration of the additional medication. This allowed the person to remain in their home whilst they safely received treatment from a routine infection.

The service's office space was limited and in response to staff feedback about the challenges of sharing best practice whilst working remotely, the service had taken the decision to rent the flat above the office to provide care workers with a meeting place. As such, staff regularly, called in and met with each to discuss best practice and share ideas over a cup of tea.

Care workers were motivated and enthusiastic about their jobs and felt fully supported by the registered manager. One care worker told us that they had been working part-time for Mi Care Southern Limited because they also had another job, but that they had recently decided to leave their other employment and become a full-time care worker because they felt, "So valued by the agency". Care workers expressed satisfaction with their work because the service enabled them to provide high quality care that they could see, "Really made a difference to people's lives."

The registered manager was aware of the attitudes, values and behaviours of staff. She told us that they placed a great emphasis on the recruitment of staff whose core values reflected those of the agency. It was clear that the service did not tolerate the employment of people who did not deliver care to the high standards expected. There were clear processes in place to ensure staff were managed effectively if any concerns about their practice were ever raised. Staff understood what was expected of them because the values of the service were embedded at every level.

Due to the nature of domiciliary work, care workers naturally spent time working on their own. The registered manager had worked hard to find new and innovative ways of communicating with care workers to make sure that they were always kept informed of changes. The registered manager told us how in response to staff feedback that they wanted quicker and more efficient communication with the office, they had introduced an office mobile phone which enabled group messages to be sent out each day. Care workers were encouraged to compose messages about people's support which could be shared with other staff who supported those individuals to enable consistent care to be delivered. Weekly update memos were also sent to all staff informing them of changes affecting their work.

Staff meetings, spot checks and supervisions were a regular feature in the way Mi Care Southern Limited operated. We read in the minutes how these tools were used effectively to share best practice and constantly consider how improvements could be made. Care workers told us that they felt fully engaged with the service and were clear about what was expected of them in their roles. Those staff who had experience of working for other agencies told us that there was no contest and that Mi Care Southern Limited was, "The best agency" to work for.

Mi Care Southern Limited had clear visions and values that were based on providing the very best in person-centred care. The registered manager and provider both had previous experience in providing and commissioning services and they decided to join together to develop an agency where people could expect and receive the very best support. The registered manager had deliberately grown the agency slowly to ensure that the quality of care was never compromised. She was realistic about the number of packages that they could manage and ensured that they never accepted a new person if they did not have the right staff and skills to meet their needs to a high level. For example, the management team had increased to reflect the number of people being supported.

The values of the agency were shared by staff and underpinned every element of practice. Right from the point of initial assessment through to the delivery of exceptional end life care, people were placed at the very heart of the process. The provider spent one to one time with every new member of staff to ensure that they understood what was expected of them in order to deliver outstanding care.



The service was focussed on continual improvement and never complacent about its successes, always looking for the next improvement that could be made. The registered manager had a quarterly management plan with clear specific objectives that were reviewed every month as part of the manager's meeting. This plan enabled all those that were part of the management team to identify the key priorities and stay focused and informed so that together they could support people and their staff effectively.

People were regularly asked for their opinions about whether the service was meeting their needs and expectations. The registered manager ensured she had regular contact with people and by doing care calls herself; she was able to build her own relationships with people and ensure the objectives of the agency were being met. The provider, registered manager and care managers undertook a combination of announced and unannounced spot checks and telephone interviews with people in order to review the quality of care provided. This included arriving at times when the care workers were there to observe the standard of care provided and also outside of visit times to seek feedback from the person using the service. The spot checks also included a review of people's care and a quality check of the records kept at the person's home to ensure that they were maintained in accordance with the agency's high standards.

The agency used an annual survey to obtain anonymous feedback about how the service was performing. We saw the results of the survey completed in 2015 which reflected the feedback people shared with ourselves. Comments from questionnaires included, "Fantastic service, great staff, terrific company, 5 stars" and "Mi Care are a first class caring company and there is nothing that they would not be prepared to do."

Feedback received was genuinely listened to. For example, people had expressed they would like to know more about what was going on with staff, training and general day to day issues. As such the registered manager had introduced a 4-monthly newsletter to provide this information to people. Similarly, people had raised the issue of staff name badges not always being worn and so the agency had introduced new uniforms with their names embroidered on to them.

The service embraced challenges with the attitude of taking learning from every situation. For example, when the agency's office had experienced closure due to a power-cut, the provider purchased a generator to ensure they always had a back-up supply of electricity in the event of power failure. Likewise, the service had clear contingency plans in place to ensure the service could still function safely in the event of snow. In addition, the provider had purchased two pool cars which were insured for care workers to drive if their own car was out of action. The management team were constantly supporting care workers to manage problems that could otherwise interrupt the service they delivered.

The registered manager was committed to continuous learning both for herself and for care workers. She took proactive steps to ensure that her own learning was up to date and was passionate about doing everything possible to provide a high quality service to people.

The service had a strong commitment to reflective practice in which managers and staff continually considered things that worked well and those that didn't. For example the registered manager told us that they had introduced a new invoicing format which some people said they didn't like. As such, she reverted to the old system for those people.

The agency was well established within the local community and had sustained excellent relationships with the local doctors and nurses in their area. The registered manager recognised that their role was integral in facilitating holistic care for people and did everything it could to support people to lead the best possible lives.



