MiHomecare Limited

MiHomecare - Thornton Heath

Inspection report

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Date of inspection visit:
10 January 2019

Date of publication:
27 February 2019

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats and specialist housing. It provides a service to older adults and younger disabled adults. At the time of our inspection there were around 200 adults using the service.

We gave the service two working days' notice of the inspection to ensure a senior member of staff would be available to meet with us. This inspection took place on 10 January 2019.

At our last focused inspection of the service in January 2018 we found breaches in the regulations relating to safe care and treatment and good governance. This was because staff lateness and missed visits meant people were at risk of neglect. In addition, people's medicines were not always managed safely by staff. The provider lacked governance systems to identify and improve in relation to the concerns we found. At this inspection we found the new management team had improved the service in all areas and people received a good standard of care.

There was no registered manager in post at the time of our inspection. 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. In October 2018 a new manager began overseeing the service with close support from a registered manager from another branch, the quality assurance team and director of care. Processes were in place to register a manager with us.

People were cared for by the right number of staff needed to keep them safe. The provider monitored visits closely to ensure people received care at the right time and there were no missed visits. Staff stayed for the allocated time. Staff were recruited through processes which checked they were suitable.

Risks relating to people's care, including moving and handling, infection control and health conditions were well managed as staff understood the risks and had clear guidance to follow in reducing them. The provider improved their oversight of medicines management ensuring staff were suitably trained and supported and medicines records were frequently audited. Staff understood their responsibilities to safeguard people from abuse and staff were encouraged to whistle blow regarding any poor practice.

Care plans were reliable in guiding staff as they contained accurate information and were regularly reviewed. People were involved in developing and reviewing their care plans. People received their choice of food and drink and any support they required relating to their day to day health. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

Staff received a suitable programme of induction and training to help them understand their roles and responsibilities. A supervision schedule was in place to improve the frequency staff received supervision.

People found staff to be kind and caring and staff understood people's needs. People were supported to maintain their independence. People felt the provider listened to them and acted on any concerns or complaints they raised. The provider communicated openly with people and staff and had systems to gather feedback and make improvements.

Leadership at the service was visible with a clear hierarchy. The managers and staff understood their roles and responsibilities. The provider had good oversight of the service.

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

Action had been taken to improve the safety of the service. People's medicines were managed safely. Safeguarding risks relating to lateness and missed calls were reduced since our last inspection as the provider improved.

The provider identified, assessed and managed risks relating to people's care and shared learning across the organisation.

The provider carried out recruitment checks on staff to ensure they were suitable to support people. There were enough staff deployed to support people.

Is the service effective?

Good

The service remained Good.

Is the service caring?

Good

The service remained Good.

Is the service responsive?

Good

The service remained Good.

Is the service well-led?

Good

Action had been taken to improve the leadership of the service. The provider's governance systems had improved.

There was no registered manager in post although a new manager had applied to register with us. A robust management team was in place and staff at all levels understood their roles and responsibilities.

The provider worked openly in partnership with key organisations.

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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 checked 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 service is a domiciliary care agency. It provides personal care to people living in their own houses and flats and specialist housing. It provides a service to older adults and younger disabled adults. There were around 200 people using the service at the time of our inspection.

We gave the service two working days' notice of the inspection visit to ensure the provider would be available to meet with us.

Before the inspection we looked at all the information we had about the service. This information included from the local authority commissioning team and statutory notifications the provider sent to CQC. A notification is information about significant events which the service is required to send us by law. We also used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

The inspection was carried out by one inspector and an expert by experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We visited the office location and met the two managers, the quality and performance manager, the operations director, operations support manager, two care coordinators, a field care supervisor, the recruiter, the rota coordinator and three care workers. We reviewed records relating to people's care, staff training, supervision and recruitment and the governance of the service.

After our inspection our expert by experience spoke with eight people using the service and eight relatives.

Good

Is the service safe?

Our findings

At our last inspection we found people's medicines were not always managed safely. Poor staff timekeeping meant some people received their time-critical medicines late. We identified the provider had not audited medicines records for several months which meant they could not be sure people received their medicines safely. After the inspection the provider wrote to us setting out the action they would take to improve. At this inspection we found the provider had followed their action plan and people now received their medicines safely.

People told us staff administered their medicines safely and they had no concerns about medicines management. One relative told us, "Medicines are on time and staff make sure it's done properly." Staff received annual training in medicines management with competency assessments. A care coordinator carefully oversaw medicines management across the service. They ensured each person's medicines records were audited monthly and any omissions investigated. Staff who required further support attended medicines workshops which were held regularly.

Our last inspection was required because of a high number of safeguarding alerts relating to missed visits. Previously, people also raised concerns about lateness and missed visits with poor communication from office staff regarding changes to their planned care. Some people felt unsafe because they were not always made aware of who would be supporting them. After the inspection the provider wrote to us setting out the action they would take to improve. At this inspection we found the provider had followed their action plan and people received care at the agreed times with good communication from office staff regarding any changes.

Comments from people and relatives regarding staff timekeeping included, "Staff stay the correct amount of time. In the beginning there were missed calls, but that's now improved", "They are very punctual and there's no occasion when they've been late. They always turn up" and "They are on time and there's been no missed calls. They stay the full allocated time." The provider introduced a new role for a member of staff to monitor the electronic system, checking people received care at the right time. This member of staff took prompt action if they identified any concerns, communicating with people and staff and arranging alternative care and welfare checks. The on-call system was also robust in checking people received care at the right time out of hours. People and staff told us there were enough staff and most people receive consistency of care from staff who knew them.

People were safeguarded from abuse and neglect. People told us they felt safe with the staff who supported them. Comments included, "I feel safe with staff, it's just the way they are and there are no bad vibes", "I feel relatively safe with staff. They're all pretty good at their jobs" and "I've never felt unsafe with the staff." Since the new management team took over in Autumn 2018 and improved systems there had been no allegations of abuse or neglect relating to missed or late visits. The managers and staff understood their role in safeguarding people and staff received annual training to keep their knowledge current. Staff were encouraged to raise any concerns through the provider's 'whistleblowing line'. The provider continued to hold a regular quality forum where all safeguarding investigations, complaints, compliments and accidents

and incidents were discussed in depth with the management team.

Risks relating to people's care, including infection control risks, were managed by staff. Most people told us staff followed suitable infection control practices. The provider identified and assessed risks, such as those relating to moving and handling, infection control or health conditions, and put management plans in place for staff to follow. Risk assessments were comprehensive and regularly reviewed so they remained reliable. Staff understood the risks relating to the people they supported.

People were supported by staff who were recruited via robust processes. The provider's recruiter interviewed all candidates to check they were suitable to care for people and had the required literacy and numeracy levels. The provider checked candidates work history, obtained references from former employers and character references, criminal records checks, and reviewed identification, the right to work in the UK and any health conditions. The provider reviewed staff suitability during their probationary period.

Good

Is the service effective?

Our findings

Care was delivered by staff who were well supported by the provider. Most people found staff to be well trained and one person told us, "They're good using the hoists. I am confident they are well trained and know what they are doing." Staff received an induction which covered topics relevant to their role with annual refresher training to keep their knowledge up to date. Staff shadowed experienced staff and were assessed as competent before they cared for people by themselves. Staff received supervision with their line manager and the provider observed their practice to check they cared for people in the best ways. The new management team identified staff had not always received supervision regularly and had an action plan in place to ensure this improved. Annual appraisals were also planned for all staff. Staff were also supported to complete diplomas in health and social care.

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 received care in line with the Mental Capacity Act 2005 (MCA). People told us staff asked for their consent before providing care. Staff received training in the MCA and our discussions showed they understood the importance of this in their role. The provider assessed people's capacity in relation to their care if they suspected they lacked capacity. The provider made decisions in people's best interests if they were assessed as lacking capacity, consulting with their relatives and others involved in their care.

People received food and drink of their choice and were supported with their healthcare needs. One person told us, "They make breakfast and give [my family member] a choice of what she wants. [My family member] seems to enjoy the food prepared." The provider found out people's dietary needs and preferences and their healthcare requirements before their care began. These needs were recorded in people's care plans along with the support they required from staff, including any specialist support. Any specialist guidance from healthcare professionals was incorporated into care plans for staff to follow. Staff were matched to people of the same cultural and ethnic background where possible so they could prepare people's cultural foods.

Good

Is the service caring?

Our findings

People and relatives were positive about the staff. Comments included, "I think they are caring", "They're very kind and compassionate", "The carer is very kind and she cares a lot about me" and "The carers are kind and caring." People also told us they were treated respectfully by staff who gave them the privacy they needed. Staff referred to the people they supported in a kind and caring manner and were clear about the importance of maintaining people's dignity during personal care. The provider planned to start dignity workshops for staff to help them achieve a deeper understanding of dignity in care. People and relatives were satisfied staff were allocated sufficient time to provide care meaningfully.

People told us they received care from staff who understood their preferences and respected their choices. Most people received care from the same staff although some complained of inconsistency and wanted this to improve. The provider told us they always aimed to provide people with consistency of care where possible and would look into any concerns regarding this.

People's communication needs were understood by staff and people did not raise any concerns about the way staff communicated with them. People's care plans guided staff on the best ways to communicate with people and staff were aware of this guidance.

People were supported to maintain their independence. Staff gave us examples of how they encouraged people to do as much for themselves as they wanted to in their daily care. Care plans contained details of how staff should involve people in their care to guide staff.

Good

Is the service responsive?

Our findings

People's care was planned and delivered according to their needs and preferences. People and relatives told us they were involved in developing their care plans. The provider met with people regularly to check their care continued to meet their needs and to review their care plans. Care plans were sufficiently detailed and guided staff on the care people required as well as their backgrounds, interests and what was important to them in their care and any goals they would like to achieve from their time with staff.

The provider used technology to monitor the times people received care. People told us they usually received care at the agreed time which showed the provider had improved in relation to lateness since our last inspection. Since our last inspection the provider created a new role and a member of staff monitored the times people received care each day using an electronic system. If a person did not receive care within 15 minutes of the scheduled time office staff investigated the reason for the delay, ensured the person received their care as soon as possible and visited to check the person's welfare. Reports showed no recent missed visits and around 85% of people received their care within 15 minutes of the allocated time.

People's concerns and complaints were investigated by the provider. Most people had no complaints or concerns and knew who to speak with if they did. Comments included, "I would call the office, but they contact me regularly" and "I don't have any complaints and I would call the office if I did." Three people told us about concerns the provider was looking into. Records showed the provider recorded details of concerns and complaints and kept the complainant informed of how they were addressing the issues raised. The provider gave people information about how to complain when they began to use the service. Complaints were addressed in a timely manner.

Good

Is the service well-led?

Our findings

At our last inspection we found a breach relating to good governance. This was because the provider's governance systems had failed to improve people's experience of lateness, missed visits, inconsistency of care workers and poor communication from office staff as well as concerns relating to medicines management. After the inspection the provider wrote to us setting out how they would improve.

At this inspection we found the provider had followed their action plan and had good oversight of the service. Twelve out of 16 people we spoke with told us office staff communicated well with them and 13 out of 16 felt listened to. Positive comments included, "It's got better. The people in the office seem to have improved", "Anything I call them for they deal with it", "They answer the phone quickly" and "I do feel they listen to me." Four people found communication could be improved with messages being passed on to office staff and calls being returned. Six people told us office staff did not always inform them when different care workers to usual would support them and wanted this to improve. The provider recruited new office staff and supported the team so their communication with people improved. The new managers worked alongside their team instead of in an office and the operations director or the quality team visited most days, carrying out comprehensive audits to ensure people received a good standard of care. The provider's close monitoring of call times meant lateness and missed visits were no longer a regular concern. People told us they usually received care from the same care workers as the provider developed rotas with consistency in mind. Staff regularly called or met with people to find out their experiences of care and to observe staff to check they cared for people in the best ways. The provider gathered the views of staff through meeting with them and carrying out surveys. The provider told us about their focus on ensuring care staff were always treated respectfully by colleagues and were shown thanks for their work. The provider produced a newsletter to update staff on service developments.

Although there was no registered manager in post one of the two new managers was in the process of registering with us. The second manager was planning to register with us in the future. Both managers had experience in managing large care agencies within the organisation. There was a clear hierarchy. Managers were closely supported by the operations director and the quality team and office staff had defined roles. Our inspection findings showed the management team was robust and our discussions showed staff at all levels understood their roles and responsibilities.

The provider worked openly in partnership with key organisations including CQC. The provider met with the local authority monthly regularly to review service delivery and any concerns. The provider submitted notifications to us about any events or incidents they were required by law to tell us about such as allegations of abuse.