MiHomecare Limited

MiHomecare - Carterton

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection visit took place on 15April 2016 and was announced. MiHomecare - Carterton is registered as a domiciliary care agency and as such provides personal care and support to people in their own homes. At the time of our inspection about 60 people were receiving services.

The home had been previously inspected on 2 April 2015 and four breaches of the regulations had been found. At this inspection we aimed to see what work had been completed to ensure the quality and safety of the service had improved. The provider had told us that their action plans assumed they would complete all the actions required to meet the regulations by October 2015. During our inspection on 15 April 2016 we found that all the recommended actions had been completed.

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

People were kept safe by staff who had a thorough understanding of their responsibilities with regard to protecting people from harm or abuse. Care was planned and delivered with particular attention paid to ensure people were protected against avoidable harm.

The number of staff were sufficient to meet people's assessed needs. Staff were employed according to robust recruitment procedures. Pre-recruitment checks had been made to ensure that new staff were suitable to support people in their own homes and maintain people's safety. However, we found that on one occasion gaps in employment history were not fully explored and explained.

Staff arrived on time and stayed for the time scheduled. Staff members were suitably trained to keep people safe and meet their needs. People were supported to have a good quality of life by staff who had the experience and knowledge necessary to undertake their responsibilities. The service put emphasis on the continuity and consistency of care.

During our inspection we found that a newly employed starter was shadowing another staff member for whom it was their first job in the care sector.

The registered manager and staff had a clear understanding of the Mental Capacity Act 2005. They were knowledgeable about protecting legal rights of people who did not have the mental capacity to make decisions for themselves. The service acted in accordance with legal requirements to support people who may lack capacity to make their own decisions.

Staff knew the people they were supporting, their needs and expectations, and provided a personalised service. Care plans were in place detailing how people wished to be supported. People were involved in

making decisions about their care.

The registered manager used a variety of methods to assess and monitor the quality of the service. These included satisfaction surveys, spot checks and internal audits. We found that people were satisfied with the service they received.

The staff were pleased to work for the provider and felt supported in their role. The provider promoted an open culture where both staff and people using the service could raise concerns without fear of being frowned upon. People knew how to complain and felt their complaints would be investigated and responded to.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Staff knew how to respond to allegations of abuse.

Risk assessments supported people to develop their independence while minimising any potential risks.

There were sufficient numbers of staff to provide care in a safe and consistent manner.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff received induction training; however, a new starter member was shadowing other new staff member.

People were supported to make independent decisions and procedures were followed to protect people who lacked capacity to make decisions.

People made decisions about their meals and healthcare. The service provided support when required.

Is the service caring?

Good

The service was caring.

People who used the service told us they were treated with kindness and compassion in their day-to-day care.

People's privacy and dignity were supported. Staff were aware of the importance of promoting people's independence.

Staff knew the people they were supporting and were confident people received good care.

Is the service responsive?

Good

The service was responsive.

People received care and support that was individualised to their needs, of which staff was knowledgeable.

There were appropriate arrangements in place to deal with complaints. People knew how to make suggestions and complaints about the care they received.

Is the service well-led?

Good

The service was well-led.

People who use the service, relatives and staff stated the service was well managed.

There was a positive culture within the staff team in which providing a good quality service to people was emphasized.

A number of quality assurance and monitoring systems were in place, included those seeking the views of people who use the service.

MiHomecare - Carterton

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 the 15 April 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care to people in their own homes and we needed to be sure that some of the persons concerned would be available to meet us. The inspection was carried out by one inspector.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). 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. We received this information as requested.

We reviewed the records held by the CQC, including notifications. A notification is information about important events which the provider is required by law to tell us about. We also checked the information that we held about the service and the service provider and contacted commissioners of the service to ask them for their views.

During our inspection we spoke with eight people who use the service, three relatives, four care staff members and the registered manager. We looked at records including seven care records for seven people, recruitment and training records for five members of staff. This was to check that recruitment, training and support for staff were sufficient for them to provide good quality care. We also looked at other records relating to the monitoring of the quality of the service including complaints and audits completed by the provider.

Good

Is the service safe?

Our findings

At our previous comprehensive inspection in April 2015 we had identified a breach in Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Care and treatment had not always been provided in a safe way for people. The service had failed to assess regularly the risks to the health and safety of people receiving the care or treatment. Not all that was reasonably practicable had been done to mitigate any such risks; including some of staff lacking the skills to meet people's needs safely.

At our recent inspection in April 2016 we found the provider had taken actions to implement the required improvements. All support plans and risk assessments were reviewed by provider. These included any environmental risks in people's homes and any risks in relation to the health and support needs of the person. People's individual care records detailed the actions staff should take to minimise the chance of harm occurring to people or staff. For example, staff were given guidance on the use of moving and handling equipment or on the safe use of bottles filled with hot water. This guidance was communicated to staff through the risk assessments and care plans kept in people's homes and in the main office. The training process was reviewed and we saw the evidence of spot checks on staff to ensure good practice, and to retrain staff if needed.

At our previous comprehensive inspection in April 2015 we had identified a breach in Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Suitably qualified, competent, skilled and experienced persons had not always been deployed in a way that met people's needs.

At this inspection in April 2016 we found the provider had taken steps to make the required improvements. The number of staff required to meet people's needs was adjusted to the number of hours of care the provider was obliged to provide. The manager told us that now they had enough staff in place to meet people's needs. They also said they used a 'matching' process which involved checking staff 's availability, their personality and skill level to perform certain tasks. It was confirmed by people and the staff rota which clearly showed the exact allocation of every member of staff.

All of the people we spoke with told us they felt safe when staff were in their homes. One person told us, "Yes, I know the lady who visits me and I feel safe with her". Another person stated, "They come in and they make me very at ease".

People confirmed that staff were reliable and came to visit them regularly and punctually. People knew the times of their visits and were kept informed of any changes. The service used an electronic system to monitor staff attendance. We checked the electronic records and there had been no missed calls since our last inspection.

People were assured that staff knew how to respond to any allegations or incidents of abuse. A safeguarding policy was available and all staff received regular training in safeguarding people from abuse. All of the staff we spoke with displayed a thorough knowledge of how to recognise signs of potential abuse and how to respond to them. They understood the process for reporting concerns and escalating these to external

agencies if needed. One member of staff told us, "We always treat our clients fairly and with respect and protect them from any harm or abuse. It's our responsibility to report any concerns about possible abuse or prevent it before it occurs".

Care plans contained guidance for supporting people, including methods for managing their behaviour when necessary. Care plans identified the most relevant approaches in dealing with each person. For example, one person relaxed while listening to music and liked to know that their personal care was about to finish together with the song. It gave the person a perspective of time.

We checked recruitment records and saw that the registered manager had taken the necessary steps to ensure people were protected from staff who may not be fit and safe to support them. Before staff were employed, criminal records checks were undertaken through the Disclosure and Barring Service (DBS). These checks are used to assist employers to make safer recruitment decisions. We also saw that proof of identity and appropriate references had been obtained prior to employment and retained in staff files. However, on one occasion a member of staff had put a wrong date in their employment history which resulted in a gap for the period of two years. The gap remained unnoticed by the service. We reported this to the registered manager who immediately contacted the member of staff and made necessary corrections to the records.

The majority of people's medicines were provided pre-dispensed from the local pharmacist, which minimised the risk of errors being made. Staff told us and records showed that care workers had been trained in the administration of medicines and had their competency assessed. We reviewed the medication administration records and found these were completed correctly and were audited by the service on a monthly basis.

Requires Improvement

Is the service effective?

Our findings

New staff were supposed to shadow more experienced members of staff for the period of five days to ensure their practice was safe and followed the agency's care plans and risk assessments. However, we found that on one occasion new member of staff was shadowing another new member of staff. Moreover, the person that was shadowed had never worked in the health and social care sector before. This meant that the shadowing member of staff could not benefit from learning from a more experienced colleague who knew people and their needs thoroughly. We brought this to the attention of the manager who said they were going to review the shadowing process to ensure new members of staff learnt from experience and skills of their more qualified colleagues.

At our previous comprehensive inspection in April 2015 we had identified a breach in Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Some of staff members had not been qualified perform the roles for which they were employed. Staff had not received adequate training regarding the Mental Capacity Act (2005). The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

At our recent inspection in April 2016 we found the provider had responded to our recommendations and made the required improvements. All members of staff understood the principles of the MCA. They told us they had received training in the MCA and understood the need to assess people's capacity to make decisions. Staff were able to give examples of how they asked for permission before doing anything for or with a person while delivering care. Staff also described to us how they supported people to make decisions. Staff members were aware that any decisions made for people who lacked that capacity had to be in their best interests. One member of staff told us, "To my understanding, the mental capacity act is a legislation that protects the vulnerable individuals that may lack the mental capacity to make their own decisions. There are also steps which are required to determine if an individual lacks capacity to make decisions. If a choice is on their behalf it will always be in there best interest." We were satisfied with staff's knowledge and understanding of the principles of the MCA and the fact that they put these principles into practice.

Care records evidenced that one person's relative was legally appointed to make decisions on their behalf and accordingly, we saw that the relative had provided consent on behalf of the person. The registered manager told us that if they had any concerns regarding a person's ability to make a decision, they co-operated with the local authority or the person's doctor to ensure that appropriate capacity assessments were undertaken.

We saw that Do Not Attempt Cardio-Pulmonary Resuscitation (DNACPR) forms were in place which had been prepared by healthcare professionals. The forms had been completed accurately with consideration of the person's capacity. Staff were informed of the DNACPR forms being in place and knew they needed to

adhere to these forms. The Advance Decision to Refuse Treatment (ADRT) was also documented within people's care plans with additional guidance provided to staff about its use. This helped to ensure that people's decisions would be respected in the event they lacked capacity in future.

People confirmed that had given their consent to the care they received and described inclusive communication with staff. They told us that staff made sure they were satisfied with the support which was provided on a regular basis. One person told us, "I make my own decisions but they would always ask me for the consent if there was something different".

The service had an induction programme that was completed by all new members of staff at the commencement of their employment. We were told by staff the induction included training, learning the service's policies and procedures, familiarizing with an overview of the care and the service's ethos. One member of staff told us, "In the initial training days I undertook, honestly I was dubious about whether I would be right for the job. The trainer however was so knowledgeable and provided all of the information needed to start us on our way".

Staff told us they had received enough training to enable them to provide people with effective care. This included training in a number of different areas, such as safeguarding adults at risk, basic food hygiene, moving and handling equipment, and dementia awareness. Training was either delivered face to face, via e-learning or in the form of practical hands-on training. Records showed that the training of most of staff was up-to-date and where the training was about to expire, refresher courses were planned and scheduled.

The registered manager told us they used a combination of unannounced 'spot check' observations and formal one-to-one supervision meetings. This method allowed them to support staff and simultaneously ensure they carried out their roles effectively. Each staff member was supervised regularly on a three monthly basis by their manager and was given an annual appraisal. This provided both staff and the registered manager with the opportunity to discuss their job roles in relation to areas that needed support or improvements. It also helped them acknowledge areas where they performed well.

We saw staff documented the meals provided to people to ensure each person's dietary needs were met. People were supported to eat and drink sufficiently and maintain a balanced and healthy diet. The support varied depending on people's individual choices and circumstances. Staff confirmed they had received training in food safety and were aware of safe food handling practices.

Staff supported people to maintain good health and have access to various healthcare services. All necessary arrangements were made for them to attend their healthcare appointments and outcomes of these visits were documented. Recommendations and suggestions of healthcare specialists concerning people's care were communicated to staff. Staff were in regular contact with people's doctors, occupational therapists and district nurses. People who use the service and staff could contact healthcare professionals and a representative of the service event outside office hours in the event of an emergency.

Good

Is the service caring?

Our findings

At our previous comprehensive inspection in April 2015 we had identified a breach in Regulation 10 HSCA (RA) Regulations 2014. People using the service had been visited by different staff members and they had not known who was going to support them on the day-to-day basis. Some of staff members had not understood the needs of the people they cared for. Care was delivered irregularly due to the lateness of staff.

At this inspection in April 2016 we found the provider had made the required improvements to eliminate theses findings. Comprehensive spot checks had been introduced and were carried out on a three monthly basis. These checks helped to ensure people were treated with dignity and respect, and the care provided was consistent. Care plans were re-written and contained detailed information regarding people's preferences. The service used an electronic call monitoring system to ensure staff arrived at people's homes on time. We checked the electronic records and confirmed that staff were punctual and supported people for the scheduled amount of time. People and staff told us that whenever possible people were supported by the same members of staff. This information was also confirmed by the records we saw. The staff allocation rota was sent to people so they knew in advance who was going to visit them. A member of staff told us, "Even though we occasionally have our rota changed at the last minute, the positive change I personally feel is that we [staff] are visiting the same clients regularly which has had good impact on clients being more familiar with carers". Ensuring the continuity and consistence of care was a significant improvement of the service.

All people we spoke with told us that staff were kind, caring and polite. One person told us, "They always treat me with respect". Another person commented on the attitude of staff, "The carers are very kind, gentle and understanding. It's really nice to have someone who asks "Are you okay?" or "Can we do anything else for you?"."

Staff valued and promoted people's privacy and dignity. They told us they had received training in respecting people's privacy and this was a high priority for the service. One member of staff told us, "We always communicate with respect. We explain to them what kind of care they will receive, we make sure people have their privacy when they need and request it and that our clients don't feel embarrassed when receiving care from us". People who use the service told us staff spoke with them in a respectful way and always made efforts to help them maintain their privacy.

People were convinced staff had a thorough knowledge of their needs and preferences. Staff we spoke to were able to describe in detail the needs of each person they supported. It was clear staff understood the individual preferences of people they cared for, and they spoke warmly about people. One member of staff told us, "We respect them by making each visit person-centred, so it is solely about them and no-one else". We saw that people's care plans contained documents which detailed the person's likes and dislikes. For example, one person enjoyed listening to music while another speaking in a foreign language.

Care plans were reviewed with people who use the service and their relatives every six months, and the people we spoke with confirmed that they were involved in this process. People said they knew who to

speak to at the service's office if they wanted to discuss their care plan or make any changes to it.

Staff recognised the importance of ensuring people's private space was not intruded. When people had been first introduced to the service, they were asked how they would like staff to gain access to their homes and if they had any animals at home. We saw that a variety of arrangements had been made so that people's safety and security in their homes was ensured while they were provided with care.

Staff respected people's wishes and delivered care and support in line with those choices. People told us staff always checked if they needed any additional help before they left. Before leaving the homes of people with limited mobility, staff ensured they had everything they needed within their reach. For example, people could easily access drinks and snacks, telephones and alarms to call for assistance in an emergency.

The registered manager said they sought to meet people's diverse needs by matching them with staff who understood their cultural, ethnic and religious needs. Additionally, all members of staff were required to undertake equality and diversity training.

Staff were aware of their responsibilities in confidentiality and preserving information securely. They knew they were bound by a legal duty of confidence to protect personal information they may encounter during the course of their work. Staff understood the importance of respecting private information and only disclosed it to people such as health and social care professionals on a need-to-know basis and with people's consent.

The service had received 12 compliments since our last inspection. One relative wrote, "You have all been lovely to her, and attended to all her needs including the carer who was so very kind to come and attend to her during the afternoon on Sunday [date]."

Good

Is the service responsive?

Our findings

At our previous comprehensive inspection in April 2015 we had identified a breach in Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The quality assurance feedback had not been sufficiently detailed and had not specified clearly enough what actions had been planned to follow this feedback.

At our recent inspection in April 2016 we found the provider had taken steps to make the required improvements. The results of the quality assurance feedback were analysed and actions were taken when necessary. Issues identified through the quality assurance process were acted on, evidenced on systems and relevant stakeholders were notified if appropriate. For example, one person had raised concerns about the lateness of staff during quality assurance calls. Electronic records of attendance were printed out and analysed to identify any regular patterns and reasons for staff being late. We were therefore satisfied to see that the provider responded to the feedback from the quality assurance system.

People had their needs assessed before they started to use the service. Information was gathered from a variety of sources: it was provided by people themselves, their relatives, friends, and health and social care professionals. This helped to ensure the assessments were detailed and covered all crucial aspects of a person's life. As a result, the service was able to plan the care and support to meet people's individual needs. The information was then used to complete a more detailed care and support plan which was aimed to provide staff with the information essential for delivering appropriate care. Staff described how they assessed and reviewed people's needs to ensure the support was relevant, personalised and up-to-date. People's background, history and culture were always taken into account where applicable and necessary.

Care plans gave staff clear guidance and direction on how to provide care and support to people's satisfaction. Details of people's daily routines were recorded, including visits of guests or specific activities. This information was particularly useful for staff who knew what kind of support would be needed.

People and their relatives told us that staff consistently responded to people's needs and wishes in a prompt manner. One relative told us, "They are familiar with his needs. He tells them what he wants and they do it".

The provider responded to the changing needs of people and conditions of delivering care. People told us they were able to alter their support visit times. They could also stop and restart receiving the care package as they wished. One person told us, "I'm quite happy with them. Occasionally I have to cancel the call and they are fine with that".

Daily records were completed by staff at the end of each care visit. Every record was signed by a staff member and specified the time of their arrival and departure. In addition, these records included details of the care and support provided, any observed changes to the person's care needs, and brief notes about the food and drinks the person had consumed. The records were removed to the office files every month for auditing purposes.

People and their relatives had been given a copy of the complaints policy so that they were familiar with the procedure of making a complaint. Most of the people we spoke with confirmed if they did want to complain they would feel confident the provider would deal with their concerns immediately. We saw there had been five complaints recorded since the last inspection that had been satisfactorily resolved. People and relatives confirmed the registered manager contacted them in person when spot checks on staff were being completed to find out if they were pleased with the service.

Good

Is the service well-led?

Our findings

At our previous comprehensive inspection in April 2015 we had identified a breach in Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The service had systems to monitor the quality of the service and make improvements, however, these had not always been used effectively.

At this inspection in April 2016 we found the provider had followed our guidance and made the required improvements. The registered manager completed regular audits of the service. These reviews included reviews of care plans, complaints, training, risk assessments and daily notes. Audits were used to address any shortfalls and plan improvements to the service. As a result of the audits, appointments were made for people with a physiotherapist, an occupational therapist, or staff were offered refresher trainings. This meant that the audits carried out by the provider were effective.

People and their relatives told us that they had confidence in the management of the service. One person told us, "They seem to be well organised and managed". A relative stated, "I think that things are run smoothly in the office".

There was a registered manager in post who provided continuity and leadership, supported by a branch manager. The registered manager had completed our Provider Information Return (PIR). This information reflected what we saw during the inspection.

We saw evidence that the registered manager had taken positive actions to address the issue of a new starter shadowing other new member of staff.

People benefited from a culture which was open, inclusive and supportive. Staff were motivated and told us that the management of the service was excellent. One staff member said, "In my opinion I believe the office is run well, each and every one of the ladies are approachable and give you the support you need at any time you need it." Another member of staff told us, "They are very supportive and helpful if you have a problem or if you need some information regarding clients. I have recently had some bad news and they were absolutely amazing. They gave me time off when I needed it without me even asking for the time off. They are all very compassionate in the office".

The members of staff we spoke with had a clear and consistent understanding of the provider's vision, values and view on the quality of the service provided. Their common goal was to ensure the service was safe and staff were appropriately trained to deliver quality care and support to people. One member of staff said, "I am truly grateful to be able to provide each individual the help and support they need to be able to remain in their own homes. It really is such a rewarding job and I am so pleased I took the opportunity to pursue this career path".

Staff worked together well, and as a team they focused on ensuring that each person's needs were met. They knew precisely what kind of support each person needed and co-operated by sharing that information. They felt their strong team spirit made them work effectively. A member of staff told us, "It's been nice

having a fantastic support network, not just from the office staff but the girls as well, everybody is really keen to help answer any questions or concerns. It's nice to feel supported and have training offered if you want to further your career".

The service had effective electronic systems to manage staff rotas, match suitably skilled staff with people who had particular needs. Electronic systems were also used to identify what capacity they needed to have to take on new care packages. As a result, the registered manager only took on new responsibilities if they could assign a sufficient number of qualified staff to meet people's needs. People were visited by regular staff members whose visits were scheduled with the use of the electronic system. This improved the continuity and consistency of the service provided and stabilised planned work.

Regular staff meetings were held and records confirmed these were well-attended. Staff told us the team meetings were held on a regular basis. They said these were a good forum for information sharing and learning.

The registered manager showed us copies of staff newsletters containing updates on training or areas of concern. They also told us they provided staff with up-to-date information on people's changing needs via texting, phone calls or password protected email.

The service liaised closely with health and social care professionals to achieve the best care for people they supported. People's needs were accurately reflected in detailed plans of care and risk assessments. People's records were of good quality and fully completed as appropriate.