

MiHomecare Limited

MiHomecare - Newbury

Inspection report

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Date of inspection visit: 02 June 2015

Date of publication: 15/07/2015

Ratings

Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Requires Improvement



Is the service caring?

Good



Is the service responsive?

Requires Improvement



Is the service well-led?

Requires Improvement



Overall summary

This inspection took place on 2 and 8 June 2015 and was announced. MiHomecare – Newbury is a domiciliary care service providing personal care for people living in their own homes.

The service is required to have 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. At the time of the inspection the service did not have a registered manager. The manager who had been appointed for the day to day running of the service left during the week prior to our inspection.

At the last inspection on 4 and 6 August 2014 we told the provider to make sure that quality of care the service offered was properly assessed and monitored. These actions had been completed. The area manager and

Summary of findings

quality and performance team audited action plans for improvement and all other quality assurance returns completed by the person managing the service. They ensured that actions were completed in a timely way.

People who use the service and care staff's views were listened to. Staff told us that the management team were open and responsive and they were confident to express their views. The service worked closely with other professionals to try to improve the quality of the service.

At the last inspection on 4 and 6 August 2014 we told the provider to make sure that any medicines given by care staff were given safely. Some of these actions had been completed but there were areas where the arrangements for the safe administration of medicines were not clear. The provider had not met the requirements of the regulation. Staff had been trained in the administration of medicines and their competence to do this was tested on a regular basis. However, some care plans did not describe the support people needed to take their medicines safely and some were contradictory. The local authority expressed concerns about the number of medication errors.

People told us they felt safe using the service. Staff had been properly trained and knew how to protect people in their care. There were enough staff who had been safely recruited to provide appropriate care to people.

At the last inspection on 4 and 6 August 2014 we told the provider to ensure they had suitable arrangements to ask for people's consent to their care and treatment. This action had been completed. The provider and care staff

understood the Mental Capacity Act (2005). The Mental Capacity Act 2005 legislation provides a legal framework that sets out how to act to support people who do not have capacity to make a specific decision. Care staff understood consent issues and people told us they made their own decisions. People's capacity and appropriate paperwork were recorded in care plans.

At the last inspection on 4 and 6 August 2014 we told the provider to ensure staff received appropriate support to carry out their work. This action had been completed. Staff received induction training and their work was reviewed on a regular basis. Staff competencies in various areas of their work were checked regularly.

People told us that care staff usually arrive on time and stay the allocated length of time. The local authority expressed concerns about the number of missed calls.

People told us they were offered good care. They described staff as, 'excellent, kind and respectful'. There were some concerns about the length of time it took 'office staff' to respond to people.

We recommended that the provider review the numbers and deployment of support staff needed to deal with communications from people who use the service, in a timely way.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014. You can see what action we have told the provider to take at the back of the full version of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Staff did not always have enough information to enable them to give people their medicines safely, in the right way and at the right time.

Staff knew how to protect people from abuse or harm. People and their relatives felt they were safe when using the service.

Any health and safety or individual risks were identified and action was taken to keep people as safe as possible. Risk management plans

were not always individualised but staff knew how to care for people safely.

Requires Improvement



Is the service effective?

The service was not always effective.

People told us care staff arrived on time and stayed for the right amount of time but the service had reported a number of missed calls. The length of time given to staff to get from one call to another was not always long enough.

Staff understood consent and decision making and did not undertake any care without people's permission.

Staff were supported, supervised and trained to ensure they were able to provide appropriate care.

Requires Improvement



Is the service caring?

The service was caring.

People told us they received an excellent service.

People's needs were usually met by care staff who knew them well. People told us they usually had continuity of care because it was provided by the same staff member.

People told us the staff showed them respect and their privacy and dignity was protected at all times.

Good



Is the service responsive?

The service was not always responsive.

People told us that staff in the office did not always return calls. They said they often had to make several phone calls to get a response.

People had their needs assessed and were involved in planning their care.

People were offered individual care which suited them and their needs.

Requires Improvement



Summary of findings

People knew how to make complaints and were comfortable to discuss any concerns with all staff from the service.

Is the service well-led?

The service was not always well-led.

The service had not had a registered manager since December 2013. This meant there had been no consistent management during that time.

There was an open management style in the service. People and staff found the management team approachable. People were regularly asked for their views on the quality of care they were offered.

Requires Improvement



MiHomecare - Newbury

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 2 and 8 June 2015 and was announced. The provider was given notice because the location provides a domiciliary care service. We needed to be sure that the staff would be available in the office to assist with the inspection.

The inspection was carried out by one inspector.

Before the inspection we looked at the Provider Information Return (PIR) which the provider sent to us. 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 also looked at all the information we have collected about the service. This included notifications the registered manager had sent us. A notification is information about important events which the service is required to tell us about by law.

On the day of the inspection we spoke with the team leader and the quality and performance manager, four staff and representatives from the local authority commissioning team. Following the inspection we spoke with eight people who use the service (three people's relatives spoke on their behalf), the local authority's safeguarding team and the provider's area manager. We looked at records relating to the management of the service including eight people's care plans, some policies, and a sample of staff recruitment files and training records.

The local authority's commissioning and safeguarding teams expressed concerns about the quality of care offered and were conducting regular monitoring visits of the service.

Is the service safe?

Our findings

At our inspection of 4 and 6 August the provider was not meeting the requirements of Regulation 13 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 Management of Medicines. This equates to Regulation 12 (g) Safe care and treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered person had not protected people against the unsafe management of medicines. The provider sent us an action plan on 20 August 2014 describing how they were going to make improvements to meet the requirements. At this inspection the provider had made improvements but had not fully met the requirements of the regulation.

The service helped people with their medicines in various ways. Some people were reminded to take their medicines, some were 'prompted' and some medicines were administered to people by care staff. Some care plans were not clear if the service was responsible for administering medicines or about the type of help care staff gave people. Examples included one care plan which noted that a person's relative, "does meds." Whilst another part of the care plan said that staff administered the medicines. Another care plan recorded medicines prescribed for the individual but there was no reference to whether staff helped the person with them. A further care plan noted that the person, 'self-medicates'. However, medication administration sheets (MARS) was signed by staff to say they had administered creams. The service had reported 13 medicines errors to the appropriate organisations, since January 2015. The local authority's safeguarding team expressed concerns with the number of medicine administration errors. Where the service is responsible for medication, people are placed at risk because staff do not handle medicines safely or people do not always receive them as prescribed.

This was a breach of Regulation 12 (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff were trained to administer medicines and their competency was checked before they were able to help people with them. The team leader told us that they were not currently helping people with their controlled or PRN (medicines prescribed to be taken as required) medicines. However, they said that they had helped with these types of medicines in the past. There was no reference to either

type of medicine administration in the provider's medication administration policy. The quality manager told us that a new medication policy and procedure was being developed which would include all the necessary information.

People told us they felt safe using the service, one said, "I feel very safe" another said, "I certainly trust them in my home or I wouldn't have them". A relative said of their family member, "he is safe in their hands". Staff knew how to protect people in their care. They were able to describe signs and symptoms of abuse and tell us what actions they would take if they suspected abuse. Staff told us that the service had a whistleblowing policy which they had read. They told us they were supplied with individual information about whistleblowing which they kept with them, whilst at work. Staff said they would not hesitate to involve other agencies, if necessary. Training records showed that staff had completed safeguarding (called SOVA) training which was up-dated at appropriate intervals. Safeguarding information was displayed in prominently in staff areas.

People told us they almost always received care from consistent care staff. They said they were generally introduced to the care staff who would support them in the absence of their 'main carer'. The service had twenty two staff care staff and additional supporting staff in the office. Staff were recruited, as necessary, to cover the packages of care the service was delivering. People told us that staff never rushed them even if they were busy. Staff told us they had enough time to give proper care and support and can 'over run' if necessary. They would inform the office of the 'over run' and the reason and office staff could organise support from another staff member.

People were supported by staff who had been recruited safely. There was a robust recruitment procedure which included the taking up of references, criminal records checks and checks on people's identity prior to appointment. The application forms for the most recently recruited staff members were fully completed and there were no gaps in work histories.

People's care plans included the identification of individual and generic risks. The risk management plan was generally incorporated into care plans relating to the area of care that may present a risk. It was not always clear on some plans of care if the risk was specific to that person as some risk assessments and risk management plans were not individualised. For example falls and people handling risk

Is the service safe?

assessments were general and included in most files. However, any high risk areas had been identified and staff were instructed how to minimise risk to themselves and people using the service.

People's homes were risk assessed for any environmental risks and the service had a robust health and safety policy and procedure. A business continuity plan was in place. It included details of what action staff were to take in the event of emergency situations such as IT systems failure,

adverse weather or health pandemics. A risk rating system was used to prioritise people who had the highest needs and who would therefore need care earliest in emergency circumstances.

The provider had a system to monitor accidents and incidents and staff were aware of the reporting processes they needed to follow if either occurred. All missed calls and medicine errors were notified to the local authority and the Care Quality Commission (CQC). They were investigated by the provider (if appropriate) and actions taken were recorded. Investigations identified areas for improvements and learning points.

Is the service effective?

Our findings

People told us that care staff usually arrived on time and stayed the correct amount of time. They said that staff will let them know if there are any hold ups. One person said, “we do not get let down”. Another said, “the girls are excellent they always make it within their 15 minute window even though they don’t get travelling time”. The issue with regard to travelling time was repeated by four people. Staff told us they do get travelling time and records showed that this is the case. However, in some instances travelling times are not accurate. A record for 20 journeys showed that for five of the journeys travelling time was between six and 18 minutes short. This could lead to significant time issues for staff. The service introduced a computer system to plan and monitor calls in February 2015. The team leader and quality manager told us this had decreased the number of missed and late calls. This system alerted staff when calls were late or missed. However, there had been instances where the service had not reacted to missed calls for several days or it had been drawn to their attention by people who use the service. The local authority expressed some concerns about the number of missed calls. Records showed that there had been eight missed calls since February 2015, although the local authority thought there had been more. The local authority was concerned about the potential for harm created by missed calls although there had been no harm to people, as yet.

At our inspection of 4 and 6 August 2014 the provider was not meeting the requirements of Regulation 23 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 supporting workers. This equates to Regulation 18(1) Staffing of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered person had not ensured staff received appropriate support to enable them to deliver safe care and treatment of an acceptable standard to people. The provider sent us an action plan on 23 September 2014 describing how they were going to make improvements to meet the requirements. At this inspection the provider had met the requirements of the regulation.

People had their needs met by staff who had the knowledge and skills required. They told us staff were well trained and, “knew what they were doing.” One person said, “they are well trained and can’t be faulted”. Another

person felt that staff could receive additional specialist training so that new staff were better prepared to care for people with very specific needs. However, they said that staff were always willing to learn and learnt very quickly. The service had developed a new induction programme, which new staff worked through during their induction period. Staff files contained information to show that staff were competent in areas of induction completed. A staff member told us that they had been given the opportunity to ‘shadow’ experienced colleagues until they felt confident to work alone. Staff told us that they had good opportunities for training and these had improved over the past six months. The service had developed a training matrix which alerted managers and individual staff to when people needed an up-to-date competence review or to complete mandatory training.

Staff had regular one to one meetings with senior staff. These included competency assessments, ‘on the job’ performance reviews (called spot checks) and meetings to discuss performance and development. Staff were not clear how often the meetings took place and records showed they were intermittent. The written record of the reviews noted the training and development needs of the staff member. Staff told us they felt well supported by the management team and were therefore able to offer a high standard of care.

At our inspection of 4 and 6 August 2014 the provider was not meeting the requirements of Regulation 18 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment. This equates to Regulation 18(1) Staffing of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered person had not ensured staff received appropriate support to enable them to deliver safe care and treatment of an acceptable standard to people. The provider sent us an action plan on 23 September 2014 describing how they were going to make improvements to meet the requirements. At this inspection the provider had met the requirements of the regulation.

People told us staff always told them what they were going to do and asked if it was alright to proceed. People signed their care plans to say they had been involved in completing them and agreed with the content. Some people authorised their representative to sign on their behalf. One person told us they preferred it if their relative,

Is the service effective?

“did all the arrangements”. Care plans included people’s decision making capacity in the various relevant areas of care. A record of who was legally authorised to make decisions on the person’s behalf was kept, if applicable.

The service had a clear understanding of the Mental Capacity Act (2005). Staff had received training in this area and explained how people’s capacity was considered when making decisions about their care. They described how a decision would be made in a person’s best interests if they were unable to make decisions themselves and who would be involved in making such decisions. Staff told us how they asked for people’s consent every day and whenever they offered care.

People told us that staff would call the doctor or other health professional if they asked them to. Staff told us they would always call the doctor if asked but would report back to the office if someone appeared unwell but would not allow health support to be called. One staff member gave an example of passing their concerns about someone’s health to the office. The office took action and as a result

the individual was given extra care and their health improved. Another staff member told us the service think carefully about people’s health needs and ‘match’ staff to individuals. They gave an example of one person needing specialised care and said the service attempt to always send people with the skill, experience and knowledge to meet the person’s needs. Staff told us that they record any concerns about people’s health but are aware of people’s privacy and always ask permission to record it where others may see it.

People said care staff always helped them with their food as they wanted. Staff told us care plans specified how much help people needed and they always asked people, “on the day” what they wanted as people’s choices and abilities fluctuated. They described the different support people needed with their food. It varied from those who needed a sandwich made to people who needed assistance with eating. Food charts and other food records were kept, as required by individuals.

Is the service caring?

Our findings

People told us they were very happy with the care they received. One person said, “carers are very patient and give me excellent care”. They said they were always treated with respect and dignity. One person illustrated this by saying, “I found it difficult to accept care but they worked really hard to preserve my dignity and make me feel comfortable”.

People’s needs were usually met by care staff who knew them well. Care staff had an in-depth knowledge of people’s needs as they visited them regularly. Newer staff said they used the care plans and knowledge of more experienced staff when they first visited people. They said, “if you make sure you listen to people you get to know them quite quickly”. People told us they had consistent members of staff who visited. They said they had the same ‘main carer’ and others who took over when their carer was not available. They told us they were, “all very nice” but they really preferred the carers they knew best. People told us they had built good relationships with all the care staff but particularly with their ‘main carers’.

People told us the staff showed them respect and their privacy and dignity was protected at all times. Staff described how they maintained people’s privacy and dignity, especially for those people who lived with other

family members. For example, ensuring curtains were pulled and doors were shut. Care staff in a particular age or gender group were provided, if appropriate, to preserve people’s dignity.

The service provided a detailed service guide, which was available in different formats upon request. This noted what people could expect from the service and what their responsibilities were. It gave people the opportunity to understand what the service would and could offer them. People knew what was in their care plans and told us that they had been involved in the assessment process and developing their plans. They said their reviews were generally held in their homes, so they could attend and fully participate in the decisions being made.

The service developed communication care plans for individuals, as necessary. Staff were able to understand people’s behaviour and non-verbal communication. One family member said (of the care staff), “they really understand him now, they are very good at communicating with him”.

Care plans noted people’s emotional, cultural and spiritual needs, as appropriate and relevant to the care offered by the service. Staff told us they had received equality and diversity training and felt that the person centred approach to care met people’s diverse needs.

Is the service responsive?

Our findings

People told us that care staff were very flexible and responded to their requests at all times. One person said, “they always listen to you and do what you ask, if they can”. However, some people told us ‘the office’ does not always respond to telephone calls or other communications. They added, “this has improved a bit in the last few months”. Other people told us the office, “usually get back to you but there can be delays because they are so busy”. One person commented, “once you can talk to someone they always listen to you and take action”. Another said, “I have had to make numerous phone calls before I get a response even when I say it is urgent”. This could cause a potential risk of people not receiving care that meets their immediate needs.

People gave examples of when the service had responded to their requests and concerns. One person told us they were very fussy. They described how they had not felt comfortable with some staff, although this was just a feeling with no real reason. They said they had been provided with carers they were totally comfortable with. Another said they had been provided with care from staff older than them until they were comfortable to accept care from younger care staff.

People told us they had a complaints procedure in their service guide and knew how to make complaints if necessary. Most people said they had never had to complain but would not hesitate to do so. They said they would be comfortable to approach any of the staff or management of the service. One person said they had made a complaint on behalf of their relative. They told us this was responded to quickly and action was taken immediately. They were happy with the speed and outcome of the response to the complaint. The service recorded 24 complaints (including missed calls and

medication errors) since January 2015. They received 11 compliments in the same time frame. The service had a robust complaints policy and procedure which they followed when they received a complaint. The policy included external organisations that people could approach if they were not confident or happy to deal with the service.

People’s care needs were fully assessed before the service began providing support. This included their personal history and details of their religious and cultural needs, as appropriate and relevant to the care package. People told us they had been involved in the initial assessments and their care plans were reviewed as necessary. The care plans were developed from the assessment. They were individualised and generally described what people needed from the service. The provider had initiated a system to return daily notes to the office base every month. They were up-to-date and gave a clear picture of people’s well-being. Staff told us they had been trained in the provision of person-centred care. They were able to clearly describe that this meant, “concentrating on them as people and making sure people’s individual needs and preferences are met”. Some care plans contained information which was out of date or had been superseded. It was not always clear in people’s files which paperwork was the most current. This could cause confusion and a potential for staff to give inappropriate care. The team leader and quality manager told us that there were plans to use the computer system for care planning to ensure only the most up-to-date information was used.

We recommend that the provider review the numbers and deployment of support staff needed to deal with communications from people who use the service, in a timely way.

Is the service well-led?

Our findings

The service had not had a registered manager in post since December 2013. There had been a progression of interim managers or managers who were appointed but did not complete registration. The team leader told us that the interviews for a registered manager were almost complete. The service had ensured that they have made arrangements for the service to be managed in the absence of a registered manager. The current arrangements are that the area manager is supporting the team leader to manage the service. However, it is vital that a long term registered manager is appointed urgently to ensure there is some long term continuity with regard to the management of the service.

At our inspection of 4 and 6 August 2014 the provider was not meeting the requirements of Regulation 10 of the Health and Social care Act 2008 (Regulated Activities) Regulations 2010 Records. This equates to regulation 17 Good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered person did not have an effective system to assess and monitor the standard of care. The provider sent us an action plan on 23 September 2014 describing how they were going to make improvements to meet the requirements. At this inspection the provider had met the requirements of the regulation.

The care people were offered was assessed and monitored regularly by the provider to check on the quality of care being offered. The person managing the service completed monthly returns which were completed and sent to the regional manager. These returns included all areas of care such as number of medicine errors, number of complaints

and number of safeguarding referrals. The area manager visited the service a minimum of monthly to discuss any issues raised and to complete their own audit. Improvement plans were developed by the manager and the area manager. Quality and performance staff based at the provider's head office audited improvement plans to ensure actions were being completed in a timely way. Quality and performance monitoring staff visit the service, to audit the quality of care the service provide, a minimum of annually. The service was working closely with the local authority to make improvements to the service and the care they provided.

The views of people who use the service were listened to. Staff telephoned people every three months to ask if they were happy with the standard of care. Annual surveys were sent to people and their representatives or families and actions were taken as necessary. The last survey completed in 2014 noted that people's main concern was the consistency of staff. This had been improved over the following six months. The service was introducing a service users' forum to encourage people to be involved in the development of the service.

Staff told us the management style was open and responsive to their comments and views. Staff meetings were held regularly and their frequency had increased in the previous six months. Staff told us they felt valued and well supported. They said they were confident that the management team would listen and act on any ideas or views they had. They told us that a senior staff member was always contactable and willing to discuss any issues with them.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The registered person had not protected people against the risks associated with medicines because the registered person had not made appropriate arrangements for the safe and proper management of medicines. Regulation12 (g)</p>

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.