MiHomecare Limited

MiHomecare - Reading

Inspection report

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Date of inspection visit:
17 January 2017

Date of publication:
21 February 2017

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 inspection took place on 17 January 2017 and was announced. MiHomecare - Reading is a domiciliary care service and at the time of the inspection was providing personal care to 61people living in their own homes in the Reading and Newbury areas of Berkshire.

At the time of the inspection 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 felt safe using the service. They were protected from possible abuse by staff who were trained in and understood their responsibilities to safeguard people. Recruitment processes were robust and helped to ensure people were supported by suitable staff. Risks to people's well-being were assessed and management plans were in place to reduce identified risks. Sufficient numbers of staff were deployed. However, this necessitated the use of agency staff at times which people did not always like. People received their medicines safely and staff were familiar with the actions they should take in an emergency.

People received effective care from a staff team who were well trained and felt supported by the registered manager and office staff. Staff support included one to one supervision meetings and informal support and advice being available at any time they required it. Staff understood their responsibilities in protecting people's rights to make decisions for themselves. They offered people choice and sought people's consent before providing support. Advice from health and social care professionals was sought and acted on appropriately. When it was part of their care, people were supported to have enough to eat and drink.

People were treated with kindness and compassion. Staff protected people's privacy and dignity when supporting them with personal care. People were helped to maintain independence as much as possible. Confidentiality was respected and people's personal information was kept securely.

The service was responsive to people's needs which were assessed and reviewed. Care plans were developed and reflected people's personal preferences and routines. The service used feedback from people using the service and other stakeholders to improve the service. Complaints were taken seriously and responded to in line with the provider's policy.

There was an open, friendly and positive culture in the service. Staff felt supported by the registered manager and were confident to raise concerns and issues. People received care and support from a staff team that worked well together and upheld the values set by the provider. The quality of the service was monitored, short comings identified and action was taken to make improvements.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. Staff understood how to keep people safe. They were aware of their responsibilities for reporting concerns and the procedures to follow.

Risks to people's safety were assessed and plans were in place to manage and minimise those risks. Recruitment processes were robust and helped to ensure, as far as possible, that people were supported by suitable staff.

There were sufficient numbers of staff deployed and medicines were managed safely.

Is the service effective?

Good

The service was effective. People were cared for and supported by staff who were well trained and supervised.

Staff felt supported by the registered manager and were confident they could seek advice when necessary.

Staff promoted people's rights to make their own decisions.

Where support with meals was included in their care package, people were supported to eat and drink.

Is the service caring?

Good

The service was caring. People received kind and compassionate care.

Staff knew people's individual wishes and preferences and worked hard to provide care in a respectful and dignified manner. As far as possible people were supported to be independent.

People's right to confidentiality was protected.

Is the service responsive?

Good

The service was responsive. People received care and support that was personalised to their individual needs, preferences and

routines.

The service recognised people's changing needs and responded to meet them.

People were asked for feedback and knew how to raise concerns if necessary. Complaints were responded to and investigated thoroughly.

Is the service well-led?

Good

The service was well led. People benefitted from a staff team who worked together well and were happy working in the service.

Staff felt well supported and trained. They were confident in the leadership of the registered manager and the values set by the service.

Quality assurance systems were in place to monitor the standard of service being delivered.

MiHomecare - Reading

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 17 January 2017 and was announced. The provider was given 48hours notice because the location provides a domiciliary care service and we needed to be sure that senior staff would be available in the office to assist with the inspection.

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.

Before the inspection we reviewed the information we held about the service which included notifications they had sent us. Notifications are sent to the Care Quality Commission (CQC) to inform us of events relating to the service.

We also reviewed the 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 looked at the results of a survey carried out by CQC to gain the views of people who use the service, staff and community professionals. 15 people, 7 staff members and 2 community professionals had responded to the survey.

During the inspection we attempted to speak with 16 people who use the service and spoke with eight of them. We also spoke to nine members of staff including the registered manager, the regional manager, two care co-ordinators, a field care supervisor and four care workers. We received feedback from two social care professionals. We looked at records relating to the management of the service including eight people's care plans, medicine records and daily communication books. We reviewed six staff files, training and supervision records, the complaints log and a selection of policies.

Good

Is the service safe?

Our findings

People told us they felt safe using the service. Comments included, "Oh yes, now I have the same person. She is very trustworthy and makes me feel safe." "Yes, I feel very safe with them." "(I) have complete trust." and "(I) feel quite safe."

People were protected by safe staff recruitment procedures. The provider completed safety checks on all applicants. These included Disclosure and Barring Service (DBS) checks to confirm that prospective employees did not have a criminal conviction that prevented them from working with vulnerable adults. References were obtained to check on behaviour in past employment and a full employment history was taken which included the reasons for any gaps in employment. All the information required by the regulations was in place.

People were protected from the risks of abuse. Staff had received safeguarding training and were able to describe the signs which may identify different types of abuse. They were confident about reporting any concerns to the registered manager if they felt people were at risk of harm. One staff member told us, "I have raised concerns when I found bruising on a person during personal care." They confirmed this was taken seriously and appropriately investigated. Another staff member said they had reported cases of self-neglect and discussed this with the registered manager and social care professionals. We saw the registered manager had made appropriate alerts to the local authority when safeguarding issues had been raised. The provider had a whistleblowing policy and a dedicated telephone number staff could use to report any concerns about poor practice. The staff told us they were made aware of this number during induction and it was stored on their telephones in case they needed it. They were also aware of other agencies they could report to outside of the organisation such as the police and the Care Quality Commission.

People were kept safe by staff who told us they followed the guidance in care plans and the associated risk management plans. They said they identified changes in people's well-being and reported them so action could be taken. Staff were kept up to date with any changes via telephone calls and text messages from the office staff. The field care supervisor explained they updated the information as soon as possible in people's care plans and carried out a review if necessary.

There were sufficient numbers of staff to ensure all care visits were made. However, despite a focused recruitment drive the service was still reliant on the use of agency staff when additional cover for visits was required. The registered manager told us they kept this to a minimum and they always used the same agency staff to provide consistency of care for people. We reviewed the visit rotas and saw people were visited by regular care staff whenever possible. One person told us, "I have the same carer five or six days a week." Another said, "(I) pretty much have the same people." A third said, "We have the same people Monday to Friday." However, two people said they felt there was too much use of agency staff and told us they preferred it when their regular care staff visited. The registered manager confirmed recruitment was on-going and they were looking at ways to attract and retain staff. The regional manager informed us that a recruiter had been brought into the service to specifically focus on attracting new staff. In addition exit interviews were conducted when staff left to establish their reason for leaving. This helped the provider to

plan strategies for retaining staff.

The service used a system of electronic monitoring. Care staff used a mobile telephone to record when they started and finished a visit by scanning an electronic tag in people's homes. The provider had a call centre which monitored the visit information from this system and alerted the service to any potential missed visits or visits which were outside of the expected parameters, for example, late start times. This system had brought about a significant reduction in the number of missed visits and helped to ensure people received the care they required at the correct time. Most people told us the staff generally arrived on schedule for visits and stayed the agreed amount of time. One person told us, "They always stay for the time. No, they have never missed (a visit)." However, two people commented that their visits were not always at the planned time and felt time keeping could be improved. Staff confirmed they had sufficient travel time between visits and we were shown how this was automatically included by the computerised rostering system. They told us this helped to ensure they got to their visits on time providing they did not get delayed by traffic.

People received their medicines safely. Risks associated with supporting people with their medicines were assessed and recorded in the care plan. The agreed level of responsibility the service undertook when supporting people with their medicines was clearly recorded. When people were prescribed medicines to be taken as necessary (PRN) it was clear how support was to be provided and recorded. Medicines administration records (MAR) were completed to indicate when any medicine including creams and lotions were administered or applied. We found there were some omissions in the recordings made on the MARs. However, we found accurate records of administration were made in the communication records. We raised the omissions from the MARs with the regional manager who confirmed this would be identified during the audit of medicine records. Once identified issues were brought to the attention of the individual care worker and discussed in supervision meetings.

Staff told us they had received training in supporting people with their medicines. Annual refresher training took place and staff said their skills were observed during 'spot checks' by senior staff. A 'spot check' is an unannounced check on the practical work of a member of staff during a visit to a person who uses the service. The provider's policy stated medicine competency checks should be completed six monthly. The registered manager informed us that the lack of a field care supervisor had meant these checks had not been completed in line with the policy over the last year. However, a new field care supervisor was due to start work the following day and checks for all staff were planned.

Risks to people who use the service and staff were identified. For example, individual risks relating to people such as, falls, skin integrity and moving and handling had been assessed. Where a risk was identified it was incorporated into the person's care plan which provided staff with information on how to lessen the risk. Staff told us they continually monitored for changes in risks and when necessary reported them so the care plan could be updated. For example, one staff member told us, "I always check for dangers. Things like the equipment, is it safe? If there's something not right (I) call the office." In addition, as part of the initial assessment, the service assessed the environment for risks to the safety of staff and monitored the risks associated with lone working. One care staff told us, "(They) give guidance to staff on (their own) safety. There are torches on the phones and we're encouraged to call and discuss any concerns or worries."

The provider had plans in place to deal with foreseeable emergencies. People had individual contingency plans which used a traffic light system to prioritise visits. This ensured critical visits would take place should an emergency situation such as adverse weather make travelling difficult. Staff were knowledgeable about the actions they should take in the event of an emergency. For example, one described what they would do if they could not gain admittance to a person's home.

Good

Is the service effective?

Our findings

People received effective care from staff who were well trained. People were positive about the skills care staff had. Some of the comments included, "She is very well trained, very careful and loves doing it." "My regular is very good and well trained." and "(They are) fine, excellent. One has twenty years' experience."

Staff received four days Induction training before they started working at the service. This included a set of subjects considered mandatory by the provider. Examples included moving and handling, safeguarding vulnerable people, medicines and health and safety. Additional topics such as dementia awareness and skin care were included to broaden the care workers knowledge. Before working independently new employees spent time shadowing more experienced staff. This built their confidence in all aspects of their role. At the end of the shadowing period, their work was assessed and signed off by a senior member of staff.

Following induction all new staff completed the care certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. Staff refreshed their mandatory training annually and refresher training was mostly up to date. We saw refresher training had been booked for those who required it in the near future. Additional training was available to staff. For example training related to specific healthcare tasks was provided when necessary and the provider had a management learning programme for senior staff. Opportunities to gain recognised qualifications in Health and Social Care were available and staff were encouraged to complete these.

Staff told us they felt supported. They told us they met and discussed their work in one to one meetings with their manager. One said, "[Name] is so supportive she does my supervision and will do anything she can to help and advise you." Another told us they were able to ask for help and talk about any training they needed. For staff who had been employed for more than one year an annual review of their work enabled them to reflect and plan for their role in the future.

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. We checked whether the service was working within the principles of the MCA.

Staff had received training in relation to the MCA. People's right to make their own decisions was promoted and staff were aware of their responsibilities in regard to this. One told us, "We must offer people choice, if they find it difficult we look for ways to make it easier for them. Maybe show them different clothes so they can choose." People told us staff sought their consent before helping them. "Oh yes they generally ask." "They offer choices and ask what I would like to do." Staff gave examples of how they dealt with situations when a person refused care. For example one said, "You can't force anyone to do things so we usually go on to something else as a diversion them come back to what they didn't want to do. By then it's usually a

different story. If it keeps happening we report it to the office."

Some people had given authority to others to make decisions on their behalf by giving them Lasting Power of Attorney. Where this was the case the service had requested to see the authorisation giving this legal right. However, they had not always recorded what type of decisions could be made or that they had verified the authorisation. We raised this at the inspection and immediate action was taken to make the necessary recordings. We were assured this would be the practice going forward and all files would be audited to ensure they met this standard.

When it was part of the care package people were supported to have enough to eat and drink. Staff explained how they assisted people to choose what they wanted to eat and drink. We saw a clear record of what people consumed was kept and if there were any concerns about a person's nutrition they were reported. Where people were unable to get snacks and drinks for themselves, staff prepared them and left them for people to have between care visits. One person commented, "[Name] will get me something for me to eat if my husband is not here. It's not part of her job (but) there's nothing she won't do."

People were supported to maintain good health. Staff sought medical advice from health and social care professionals when necessary. When asked if staff would call medical for people, one person said, "They have done. They have noticed I am not up to scratch and will call the GP. That's the nice thing about having regular people, they notice things." Another told us, "They have done, yes, she realised I was not well."

Good

Is the service caring?

Our findings

People gave positive feedback on the care they received and the staff providing it. Comments included, "Oh yes, she is very caring and funny." "They are friendly and chatty." "Yes, very much so. They are generally very caring, cheery and chatty." "The ones I have got are (caring). I love the two of them." "Very caring, I spend a lot of time with them." and "They are lovely."

People told us staff knew them well and spent time finding out how they liked things done. For example, One person told us, "Yes they know and do things as I want them done." Another said, "Definitely, I don't ever have to tell them." Staff were able to explain the care they provided for people and recognised the importance of knowing people well. One care worker said, "You need to get to know people well so you can treat them as an individual." Another commented, "It's really important to get to know people and their family." They went on to explain how this enabled them to provide the care in a way the person wanted and gave them things to talk about while they are with a person.

People told us they were shown respect by care staff. When asked if they were treated with respect they commented, "Most certainly." "My lady does. (There is) lots of banter. It helps the day go easier." "Oh yes, absolutely" and "They show me nothing but." Care plans provided guidance on how staff were to ensure they protected people's privacy, choices and dignity. Staff were clear on the importance of providing privacy and dignity. They gave examples of how they provided this such as, closing curtains or doors and covering people with a towel during personal care. One said, Sometimes you have to think outside the box. Like when a person doesn't want the curtains closed you can position yourself between them and the window."

Staff supported people to maintain their independence. Care plans indicated what people could do and where they required support. People said they were helped to stay as independent as possible, For example, one person told us, "She will encourage me to do things for myself." Another said, "Yes, I dress myself."

Information relating to people's cultural and spiritual needs was recorded in the care plans when appropriate and when people had wanted to divulge it. People said they had been involved in planning their care and could make changes if they needed to. Care plans included an area for people to sign to confirm they had been involved in care planning, however this had not always been completed. We raised this with the registered manager who told us this would be addressed with the field care supervisors immediately.

People had their right to confidentiality protected. Staff had received training in confidentiality and record keeping. People's records kept at the service were held securely locked in the office filing cabinets. Information held on the computer system was only accessible to authorised personnel. Records kept in people's homes were held in a place agreed by them.

Good

Is the service responsive?

Our findings

People benefitted from a service that was responsive to their needs. Seven out of the eight people we spoke to said they received the care and support they needed when they needed it. One person told us they looked forward to the care worker visiting and another said, "If I needed more support they can be very flexible."

People's needs were assessed before a service was offered. This was in order for a care plan to be written and discussed with the person. People were involved in planning their care and had the opportunity to change any aspect of the plan if necessary. When appropriate, relatives or others who were important to the person being assessed had also been involved in planning their care and support. A staff member told us, "We involve families if the person is in agreement. We try to get as much information as possible but sometimes people are reluctant and it takes time." Care plans were detailed and reflected people's individual preferences and choices. They recorded people's preferred routines and contained clear guidance for staff to enable them to provide care in the way a person wished. The service worked with people to achieve the outcomes they wanted to attain.

People told us their care was reviewed. However, there were mixed responses as to the regularity of the reviews and people were unsure of when their last review had taken place. The registered manager told us they had been unable to complete all reviews in line with the provider's policy in the last year due to a senior member of staff leaving. However, this had been addressed and a field care supervisor had been employed and was due to start work the following day. The registered manager had planned and prioritised the reviews to take place over the next month. This had not impacted on people using the service as any changes in people's needs had been identified and responsive reviews had taken place. Staff confirmed they received updated information about people promptly. This was shared with them in a variety of ways; text message, telephone call and via the daily care notes.

People confirmed they were asked to give feedback on the service. Comments included, "Every so often they will phone." "I've had a questionnaire a couple of times." and, "They telephone often, constantly checking." The provider's complaints policy was available to people in their care folders and people told us they knew who to contact if they had a concern or complaint. Comments included, "I have loads of numbers." "I would phone the manager." and "I have a number to ring.…. (I have) never needed to complain." People who had raised complaints told us they had been listened to and when possible the service had changed things. We looked at the way the service responded to complaints and saw they were investigated and responded to in line with the provider's policy. We saw written explanations, outcomes and action plans were given to people when appropriate. People were asked if they were satisfied with the outcome whenever possible.

When people had sent compliments about particular staff members we noted these had been recorded on the staff files. We were told the compliments were passed on to staff as it was, "Important they felt recognised and appreciated."

Good

Is the service well-led?

Our findings

The service had a registered manager in post. They had been registered with the Care Quality Commission (CQC) since August 2016. The registered manager had sent notifications about significant events to enable CQC to monitor the service.

We found a friendly and positive culture in the service. Staff told us the registered manager was approachable and encouraged good communication. For example one said, "I have no hesitation in saying there's good support. You can phone anytime. I was told to phone as many times as I like so I feel confident." Another commented, "I feel the office is a very great support. If I ring they will do everything they can to help. [Registered manager] is 110% supportive." The registered manager told us they believed in being honest and open with people. This was evidenced by the use of the duty of candour policy when appropriate and was reflected in the response to concerns and complaints.

Staff team meetings were held regularly. The registered manager told us they had recently started to offer two meetings to discuss the same topics. This was in order to give the opportunity to as many staff as possible to be present and contribute. She said, "I want to capture as many views as possible." If staff could not attend however, they were provided with minutes to read and encouraged to give feedback.

Staff told us they worked together as a team, one described it as a "Big happy family." This was echoed by a person using the service who said, "It seems to be a happy family." Other people also commented that they felt staff were happy, for example, "They are happy (and) lovely." and "I would detect if they were unhappy."

People benefitted from being cared for by staff who were motivated and aware of the values set out by the provider. One described the values as, "To deliver the best care to clients and help staff to feel safe and supported." Another told us, "The values are all good. We all care about the clients and their well-being. People get the care they need. People are individuals and we all understand that."

The service used an electronic monitoring system to manage visit rotas. This system allowed the registered manager to calculate the staff capacity which informed decisions about taking on new care packages. A social care professional told us the service only accepted new care packages when they were confident they had sufficient staff to cover the visits. The use of this system had also improved continuity and consistency and had stabilised planned work.

The quality of the service was monitored in a variety of different ways. Quality questionnaires were sent to people using the service, relatives and other stake holders on an annual basis. This was managed centrally by the provider and each branch received feedback on the responses for their particular service. Additional feedback was sought via telephone monitoring calls and during spot checks of working practice. A system of audits was in place and included medicine records and daily communication records. The registered manager told us if discrepancies were identified a number of different actions could be taken. For example, immediate contact with the care staff to alert them to a mistake which needed urgent attention, a note made on a staff record to discuss an issue at a supervision meeting or a text message may be sent to all staff

to remind them of something that is common. For example, during the inspection a text was sent to all staff reminding them to complete records in black ink.

The regional manager monitored the service on a monthly basis and had an action plan which they had drawn up with the registered manager. This identified improvements which were required and reviewed the progress being made each month. The registered manager was open and honest. Where they had identified short comings in the service they were working hard to prioritise and improve. A social care professional also commented on the openness of the registered manager and went on to say, "When issues have been raised I have found that [Name] has dealt with them immediately to ensure they are resolved and lessons learned."