

Micah Care Limited

Micah Community Care

Inspection report

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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 visit took place on 20 and 22 February 2017 and was announced.

This was the first inspection of the service since its registration with the Care Quality Commission (CQC) on 02 March 2016.

Micah Community Care is a domiciliary care agency, providing personal care to people in their own homes. The agency provides support in the home for older people, dementia, mental health, physical disability and sensory impairment. The agency operates from offices based in Thornton-Cleveleys. At the time of our inspection visit Micah Community Care provided services to 33 people.

There was a registered manager in place. 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.

Nine people supported by the service told us staff who visited them were polite, friendly and caring. They told us they received patient and safe care and they liked the staff who supported them. Comments received included, "I've always found them very nice, there's never been anyone funny or who I can't trust." And, "The girls who visit me are friendly and very pleasant."

We found recruitment procedures were safe with appropriate checks undertaken before new staff members commenced their employment. A recently appointed staff member told us their recruitment had been very thorough.

Newly appointed staff received induction training completed at the services office base. This was followed by shadowing experienced colleagues until they felt safe to support people unsupervised.

Staff received training and were knowledgeable about their roles and responsibilities. They had the skills, knowledge and experience required to support people with their care and social needs.

We looked at how the service was staffed. Six staff members spoken with said they were happy with how their visits were managed. Nine people supported by the service told us staff were usually reliable although some people reported they had experienced problems with late visits. The registered manager confirmed there had been problems with staff arriving late and the service was working hard to address this.

The six staff members we spoke with said they enjoyed working for the service and felt well supported by the management team. When we undertook our inspection visit the registered manager was in the process of implementing annual appraisals for his staff.

The service had systems in place to record safeguarding concerns, accidents and incidents and take necessary action as required. Staff had received safeguarding training and understood their responsibilities to report unsafe care or abusive practices.

The registered manager understood the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). This meant they were working within the law to support people who may lack capacity to make their own decisions.

Risk assessments had been developed to minimise potential risk of harm to people during the delivery of their care. These had been kept under review and were relevant to the care provided.

Staff responsible for assisting people with their medicines had received training to ensure they had the competency and skills required. People told us they received their medicines at the times they needed them.

Staff supported people to have a nutritious dietary and fluid intake. Assistance was provided in preparation of food and drinks as people needed.

People who used the service and their relatives knew how to raise a concern or to make a complaint. They told us they would be quite comfortable in telling someone if there was a problem.

The service used a variety of methods to assess and monitor the quality of the service. These included spot checks and care reviews. The registered manager had recently produced annual surveys which were due to be sent to people they supported for their views about the service.

The registered manager and staff were clear about their roles and responsibilities and were committed to providing a good standard of care and support to people in their care.

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.

Recruitment procedures the service had in place were safe.

The provider had procedures in place to protect people from abuse and unsafe care. People we spoke with said they felt safe.

Assessments were undertaken of risks to people who used the service and staff. Written plans were in place to manage these risks.

There were processes for recording accidents and incidents. We saw that appropriate action was taken in response to incidents to maintain the safety of people who used the service.

Staffing levels were sufficient with an appropriate skill mix to meet the needs of people who used the service.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who were sufficiently trained, skilled and experienced to support them to have a good quality of life. They were aware of the requirements of the Mental Capacity Act 2005.

People were supported to eat and drink according to their plan of care.

Staff supported people to attend healthcare appointments and liaised with other healthcare professionals as required if they had concerns about a person's health.

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 were involved in making decisions about their care and the support they received.

Is the service responsive?

Good ●

The service was responsive.

Care plans were in place outlining people's care and support needs. Staff were knowledgeable about people's support needs, their interests and preferences in order to provide a personalised service.

People were supported to maintain and develop relationships with people who mattered to them.

People knew their comments and complaints would be listened to and responded to.

Is the service well-led?

Good ●

The service was well led.

Systems and procedures were in place to monitor and assess the quality of service people received.

The manager consulted with stakeholders, people they supported and relatives for their input on how the service could continually improve.

A range of audits were in place to monitor the health, safety and welfare of people. Quality assurance was checked upon and action was taken to make improvements, where applicable.

Micah Community Care

Detailed findings

Background to this inspection

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

This inspection visit took place on 20 and 22 February 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service to people who lived in the community. We needed to be sure that we could access the office premises.

The inspection team consisted of an adult social care 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.' The expert- by-experience had a background dealing with older people and people in the early stages of dementia.

Before our inspection on 20 and 22 February 2017 we reviewed the information we held on the service. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people the service supported. We also checked to see if any information concerning the care and welfare of people supported had been received.

We reviewed the Provider Information Record (PIR) we received prior to our inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This provided us with information and numerical data about the operation of the service. We used this information as part of the evidence for the inspection. This guided us to what areas we would focus on as part of our inspection.

During our inspection we spoke with nine people supported by the service and the relatives of two people. We also went to the Micah Community Care office and spoke with the registered manager and six staff members providing care in the community.

We looked at the care records of six people, training and recruitment records of six staff members and

records relating to the management of the service. We also spoke with the commissioning department at the local authority. This helped us to gain a balanced overview of what people experienced accessing the service.

Is the service safe?

Our findings

We spoke with people supported by the service who all said they had confidence in the staff who supported them and felt safe when they received their care. They told us they usually had the same group of staff who provided their care and they were familiar with their needs and preferences. They told us the staff who visited them were careful and gentle when providing their care and no mishaps or accidents had occurred. Comments received included, "I feel safe with the girls who visit me. I trust them completely." And, "No issues with my safety when the girls are here. I know they will look after me."

The service had procedures in place to minimise the potential risk of abuse or unsafe care. Records seen confirmed staff had received safeguarding vulnerable adults training. The staff members we spoke with understood what types of abuse and examples of poor care people might experience. The service had a whistleblowing procedure. Staff spoken with told us they were aware of the procedure. They said they wouldn't hesitate to use this if they had any concerns about their colleagues care practice or conduct.

When we undertook this inspection visit there had been one recent safeguarding concern raised with the local authority about the service. Following discussion with the safeguarding team the service had amended their visits policy to instruct staff what procedures they must follow when they are unable to gain entry to their clients home. We saw a recent staff meeting had been held to ensure staff knew what procedures they had to follow. This showed the service learnt from mistakes and had responded promptly to ensure the safety of people they supported.

We looked at the recruitment of two recently appointed staff members. We found appropriate checks had been undertaken before they had commenced their employment. These included Disclosure and Barring Service checks (DBS), and references. These checks were required to reduce the risk of employing unsuitable staff to work with vulnerable people. References had been requested from previous employers to provide satisfactory evidence about their conduct in previous employment. People supported by the service were aware staff had to complete safety checks before they commenced working for the service. One person said, "Oh yes I'm perfectly safe, they all have to go through a police check."

We looked at the services duty rota, spoke with staff and people supported with their care. Staffing levels were determined by the number of people supported and their individual needs. Staff members spoken with said they were allocated sufficient time to be able to provide support people required. One staff member said, "My visits are well managed and I am given sufficient travelling time to get to my clients."

We spoke with people supported by the service about the reliability of their visits and received a mixed response. Most people said their visits were generally on time or just a few minutes late whilst others reported they had experienced problems with lateness. We discussed this with the registered manager who confirmed there had been problems due to major roadwork's in the town which were causing problems for staff caught in traffic delays. He told us they contacted people when made aware staff were running late to reassure them their carers were on their way. Most people spoken with were aware the delays were due to the roadwork's.

The people we spoke with confirmed their carers didn't miss visits, stayed the full time allocated [even when late] and were not in a rush to get away. Comments received included, "If they are running late they ring me and let me know. They always stay the full half hour and do a thorough job, they don't dodge." And, "More or less on time but there is some hassle with the bridge being closed down which is causing a problem. They ring me and let me know if they're going to be late."

Care plans seen had risk assessments completed to identify the potential risk of accidents and harm to staff and people in their care. Risk assessments we saw provided clear instructions for staff members when they delivered their support. We also saw the service had undertaken assessments of the environment and any equipment staff used when supporting people. Where potential risks had been identified action taken by the service had been recorded. Training records seen confirmed staff had received moving and handling and health and safety training to ensure they had the knowledge and skills to support people safely when they delivered care.

We looked at the procedures the service had in place for assisting people with their medicines. Records we checked were complete and staff had recorded support they had provided people to take their medicines.

Staff employed by the service received medication training during their induction. Discussion with staff members confirmed they had been trained and assessed as competent to support people to take their medicines. We spoke with nine people about the management of their medicines. Most told us they were happy with medication arrangements and received their medicines when they needed them. One person was unhappy that her carer would not administer their eye drops. We discussed this with the registered manager who told us the eye drops had not been prescribed by the person's doctor and services policy was to assist people with prescribed medicines only.

Is the service effective?

Our findings

People received effective care because they were supported by an established and trained staff team who had a good understanding of their needs. People told us they were happy with the care and support they received. Comments received included, "They always ask my consent before providing my care and are very respectful. I never feel out of control when they are supporting me." And, "They do everything exactly right, just how I want it."

We spoke with six staff members and looked at individual training records. Staff told us they were happy with the training they received and felt it provided them with the knowledge and skills to support people effectively. Most staff had achieved or were working towards national care qualifications. Records seen confirmed training provided by the service covered a range of subjects including safeguarding, moving and handling, medication, care planning and food preparation. One recently employed staff member said, "I am still completing my induction but have to say I have found my training has been really good."

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.

The registered manager demonstrated an understanding of the legislation as laid down by the Mental Capacity Act (MCA) 2005. Discussion with the registered manager confirmed he was aware of the process to assess capacity and the fact that it is decision specific.

The staff members we spoke with said they enjoyed working for the service and felt well supported by the management team. When we undertook our inspection visit the registered manager was in the process of implementing annual appraisals for his staff. These are one to one meetings held on a formal basis with their line manager. We saw records of four staff members who had recently had their work appraised.

Care plans seen confirmed people's dietary needs had been assessed and any support they required with their meals documented. Food preparation at mealtimes was completed by staff members with the assistance of people they supported where appropriate. Staff told us people decided each day the meals they wanted. Staff spoken with during our inspection visit confirmed they had received training in food safety and were aware of safe food handling practices. Comments received from people supported by the service included, "No complaints here, the food is good and they always clean up after themselves." And, "They make me breakfast and lunch sometimes, it's always fine."

We saw people's care records included the contact details of their General Practitioner (GP) so staff could contact them if they had concerns about a person's health. We saw where staff had more immediate concerns about a person's health they accessed healthcare services to support the person. People we spoke with said their general health care needs were co-ordinated by themselves or their relatives. However, staff

were available to support people to access healthcare appointments if needed.

Is the service caring?

Our findings

Nine people supported by the service told us they were treated with kindness and staff were caring towards them. Comments received included, "They are all lovely girls with a nice attitude and always very kind. I've never had anyone who wasn't kind. I can't say anything wrong about them." And, "I'm alone with few friends or relatives. I really rely on my carers and find they are extremely helpful. I'm very satisfied with them and wouldn't have any other people, they're great."

We looked at the care records of six people and found the service had encouraged people to express their views about their care delivery. We saw evidence people had been involved in developing their care plans and had consented to their care. This demonstrated people were encouraged to express their views about how their care and support was delivered. The plans contained information about people's current needs as well as their wishes and preferences. We saw evidence people's care plans were reviewed with them and updated as required. This ensured information staff had about people's needs reflected the support and care they required.

People told us they were satisfied staff who supported them had up to date information about their needs. They told us staff listened to them and their care was delivered in the way they wanted. Comments received included, "They are brilliant. My carer is like my best friend. She brings in the milk, picks up the paper, shouts hello and she is always bright and cheery. I can't fault them." And, "I never thought I would be able to accept strangers bathing me but they talked to me and put me at ease. I'm quite comfortable now."

Staff had an appreciation of people's individual needs around privacy and dignity. They told us respecting people's privacy was a high priority for the service. People supported by the service told us staff spoke with them in a respectful way and they were treated with dignity during delivery of their personal care. One person said, "Always polite and respectful."

We spoke with the registered manager about access to advocacy services should people require their guidance and support. The registered manager had information details that could be provided to people and their families if this was required. This ensured people's interests would be represented and they could access appropriate services outside of the service to act on their behalf if needed.

Before our inspection visit we received information from external agencies about the service. They included the commissioning department at the local authority. We were told they had no concerns about the service.

Is the service responsive?

Our findings

We found the service provided care and support that was focused on individual needs, preferences and routines of people they supported. People we spoke with told us how they were supported by staff to express their views and wishes. This enabled people to make informed choices and decisions about their care and support.

Care plans seen confirmed people had expressed when, how and by whom they wanted their support provided. For example people had been encouraged to specify the preferred gender of staff they wanted to support them. We also saw people had expressed their choices and preferences about visit times and the level of support they required. People's objectives and desires had been identified as part of the plan of care. For example to promote independence or maintain a balanced and nutritious diet.

We looked at care records of six people. We found they were informative and enabled us to identify how staff supported people with their daily routines and personal care needs. Care plans were flexible and had been reviewed annually or more frequently if people's needs changed. We saw the service had responded to the changing needs of people by updating care records. Personal care tasks had been recorded along with fluid and nutritional intake where required. Discussion with staff confirmed they were informed promptly when changes to people's care had been required. This ensured they had up to date information about the care needs of people they support.

Staff members spoken with told us they were informed promptly when amendments had been made to their scheduled visits. This included a phone call from the services management and notification electronically to their mobile phones with the amended scheduled rota. One staff member said, "I have to say it works very well. I have an App on my phone and I would be alerted if I have changes to my visits. It works well for me."

The service had a complaints procedure which was made available to people they supported and their family members. The procedure was clear in explaining how a complaint should be made and reassured people these would be responded to appropriately. We saw the service had a system in place for recording complaints. This included recording the nature of the complaint and the action taken by the service.

People who used the service told us they knew how to make a complaint if they were unhappy about anything.

Is the service well-led?

Our findings

The service had a registered manager who understood their responsibilities to deliver what was required. Legal obligations, including conditions of registration from CQC, and those placed on them by other external organisations were understood and met.

We found the service had clear lines of responsibility and accountability with a structured management team in place. The registered manager had a manager and deputy manager to support them with the running of the service. The manager and deputy were experienced, knowledgeable and familiar with the needs of people the service supported. Both provided personal care support as well as assisting the registered manager with administrative duties. Discussion with the registered manager and six staff members confirmed they were clear about their role and between them provided a well run and consistent service.

The service had systems and procedures in place to monitor and assess the quality of their service. Spot checks were undertaken by the registered manager, manager and deputy manager whilst support staff were undertaking their visits. These were in place to confirm staff were punctual, stayed for the correct amount of time allocated and people supported were happy with the service. Care records were also monitored during the visits. We saw the outcome of the checks had been documented and placed on people's care plan records.

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

We found regular audits had been completed by the service. These included staff training, spot checks, supervision and appraisals and care plan reviews. Any issues found on audits were quickly acted upon and any lessons learnt to improve the service going forward.

When we undertook our inspection visit the service was in the process of producing satisfaction surveys to seek the views of people supported by the service. The registered manager told us they wanted to formalise their quality monitoring procedures and ensure they had written feedback from people about the service they provided.

We saw a sample of messages left by relatives of people who had been supported by the service. Comments included, 'The family want to thank you all for the care and support given to [relative]. We appreciate everything you did for [relative].' And, 'Just wanted to praise your staff for their help, patience and understanding with [relative] last week. They went over and above their jobs. [Relative] was very awkward and difficult with them but they persevered. I cannot thank them enough.'