

MiHomecare Limited

MiHomecare -Mora Burnett House

Inspection report

Mora Burnet House
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10 June 2021

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Mora Burnett House is an extra care housing scheme that provides support to people in their own flats in a purpose-built block. The provider is registered to support people with personal care and there were 29 predominantly older people using the service at the time of our visit.

People's experience of using this service and what we found

Medicines were managed safely. Since the previous focused inspection there had been changes made to improve the way that medicines were managed. We were assured that people were receiving their medicines as prescribed. Systems to manage risk and monitor the quality and safety of the service had improved and were now suitably robust. Systems to ensure enough numbers of staff were effectively deployed to meet people's needs had improved.

People told us they trusted staff and believed that staff were caring and treated them well. The provider had a policy and procedure for safeguarding adults from abuse although no concerns about people coming to harm had been raised since our previous inspection. The manager and staff understood the principles about what behaviours constituted abuse, the types of abuse, and the signs to look for. People were protected from the risk of infection and the service had good measures in place to manage during the COVID-19 pandemic.

People and their relatives, where relevant were involved in making decisions about their care. When people had short calls, or their visit times had changed from their agreed times, there was a record of this. The recording of why these visits did not meet the expected amount of time allocated had improved since our previous inspection with some further development needed. However, people told us that staff were usually arriving when they expected them to.

The provider completed checks and audits on accidents and incidents, staff training, safeguarding and spot checks to drive improvements. The service had an on-call system to make sure staff had support outside office working hours. The manager and the provider remained committed to working in partnership with other relevant agencies to achieve positive outcomes for people.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was requires improvement (published 6 March 2021).

Why we inspected

This inspection was carried out to assess if the warning notice we had issued about medicines management had been complied with. There had also two others been breaches of regulations involving staffing, and systems to monitor the quality and safety of the service. We can report that the warning notice and other

breaches of regulation had been addressed.

This inspection considered the key questions of safe and well-led and provide a rating for those key questions.

The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

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.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-Led findings below.

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Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

This focused inspection was carried out to check if the provider had complied with a warning notice concerning medicines management and two other breaches of regulation regarding suitability of staffing provision and safe care delivery which resulted from our previous inspection in November and December 2020.

Inspection team

This inspection was completed by one inspector and a pharmacist specialist.

Service and service type

This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care service.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

We visited the service on 10 June 2021.

What we did before the inspection

We reviewed information we held about the service. This included details about incidents the provider must notify us about, such as allegations of abuse, and accident and incidents. The provider was asked to complete a provider information return prior to this inspection and did so in May 2021. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection-

We spoke with four people using the service. We also spoke with four care workers, the manager, operations manager, and deputy manager.

We reviewed a range of records. This included five people's medicines risk assessments, care planning documents, medicines administration records and medicines risk assessments. We looked at recruitment and background check information for one member of staff who had been recruited since our previous inspection. We also looked at records relating to the management of the service such as monitoring and audits and a variety of policies and procedures.

After the inspection

We continued to seek clarification from the manager to validate evidence found. We looked at care logs, electronic call monitoring logs, medicines management and quality assurance records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to Good. People were safe and protected from avoidable harm.

Using medicines safely

- People were receiving their medicines safely and this had improved since our previous inspection.
- At our previous inspection we found that some people's medicines were not managed safely as risk assessments did not provide suitable detail and were not up to date. Medication administration records [MAR] were also not completed correctly in some cases and there was a lack of guidance for care staff on how and where to apply medicinal skin patches
- Medication risk assessments had improved and now contained relevant up to date information.
- Physical health assessments, support plans and specific health conditions risk assessments (e.g. Diabetes) now contained enough personalised information to ensure staff knew how to care for people safely.
- Risk assessments and protocols for when 'as required' (PRN) medicines were now clear to guide care staff about administering medicines when needed.
- The service used electronic medication administration (MAR) charts, we found that staff were using these correctly. This meant it was now clear whether a person had received their medicines.
- Where people were receiving medicines via other routes (e.g. patches or inhalers) the records we looked at demonstrated that staff had the appropriate information to administer these safely and correctly.
- Managers completed medicines audits and took remedial action if improvements had been identified.
- Allergy information was recorded on people's medicines records.
- Staff completed mandatory medicines administration training which was repeated annually. This included a competency check by their line manager/supervisor.

Staffing and recruitment

- People were being supported appropriately by staff. A person using the service told us "I like the staff who are here, they are very willing" and "Staff visit me every day and they also check on me regularly."
- At our previous inspection we had found that on some occasions staff had not spent the full allocated time at people's flats. This situation had improved and staff told us "I recently raised two concerns to increase time for clients, so was able to secure extra time for these clients, which showed that management listened" and "I have enough time for the visits to people, if I need extra time then I raise it with management and can get the time."
- At our previous inspection we had found that some double handed (some people required support by two staff) calls were not delivered as planned which compromised people's safety. If two staff were needed to assist a person at the same time, for example during personal physical care, we were told by care staff that this was happening. We were told by a member of staff that on odd occasions a colleague might be delayed with another person although that was not a regular occurrence.
- We found at our previous inspection that the provider carried out satisfactory background checks for all staff before they started working and had done so for a new member of care staff who had been recruited

since our previous inspection. These included checks on staff member's qualifications and relevant experience, their employment history and consideration of any gaps in employment, references, and criminal record checks and proof of identification. This reduced the risk of unsuitable staff working with people who used the service.

Systems and processes to safeguard people from the risk of abuse

- The provider took action to minimise potential risks of abuse to people. There was an organisational policy and procedure for safeguarding adults from abuse. The manager and staff we spoke with understood what abuse was, the types of abuse, and the signs to look for. This included reporting their concerns to the manager and the local authority safeguarding team. Staff completed safeguarding training.
- The service held records of safeguarding alerts and monitored their progress to enable learning from the outcomes when known. The service continued to work in cooperation with the local authority, in relation to safeguarding investigations and they notified the CQC of these as they were required to do.
- No serious or significant events had been reported since our previous inspection and people using the service told us that they felt safe with the care staff who supported them. . □

Assessing risk, safety monitoring and management

- Staff took action to assess and reduce the potential risks that people faced. We found that risk assessments and risk management plans included guidance for staff. For example, about skin integrity, manual handling, eating and drinking and about the person's home environment.
- Risk assessments were reviewed periodically, which we saw, and as and when people's needs changed. The manager monitored these assessments to ensure any areas for improvement were identified and discussed with staff.

Preventing and controlling infection

- People were protected from the risk of infection. Staff understood the importance of effective hand washing, using personal protective equipment (PPE) such as aprons, masks and gloves and disposing of waste appropriately, to protect people and themselves from infection and cross-contamination.
- A COVID-19 risk assessment was in place for people using the service and staff. The registered manager was aware of individual circumstances, for example ethnicity or underlying health conditions, which could result in some service users and staff being at potential higher risk of infection with COVID-19.
- The service had infection control procedures in place and records showed that staff had completed infection control training to ensure they knew how to prevent the spread of diseases.
- We were assured that the provider was meeting shielding and social distancing rules. People using the service were not using the communal lounge or dining area. We were told by the registered manager that most people preferred to remain in their flats, and some had said they would wait to use these areas again until the national lockdown had been fully lifted.
- We were assured that the provider was using PPE effectively and safely and there were suitable supplies and arrangements to maintain a good stock of PPE, which we saw. People using the service told us that staff were wearing masks whenever they visited, and staff also said they had ample supplies of PPE.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. During our inspection we saw that the communal areas of the home were being cleaned by a domestic worker.
- We were assured the provider was facilitating visits for people living at the service in accordance with the current guidance. People were currently receiving their visitors in their own flat.

Learning lessons when things go wrong

- The provider had a system to review the performance of the service and act in the event of incidents, near

misses or other day to day care and support needs to reduce the likelihood of them happening again.

- The manager monitored these events to identify possible learning and this was discussed this with staff team. Staff told us that "I feel there is generous support by management, any concerns raised are taken up with management" and "If there are any concerns then I go to the office and report it and there is adequate support to resolve any issues."

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people. Continuous learning and improving care

- Systems to manage risk and monitor the quality and safety of the service were more robust. There was an improved system in place to monitor timekeeping of calls. We found that although there were improvements there could be more brief detail about calls in some cases. However, there were in most cases clear descriptions of why a call ended early or was more than a few minutes later than the planned start time.
- It is the case that people we spoke with said staff were usually on time and stayed as long as they needed them. People told us they sometimes would not need anything and would let staff know they weren't required.
- People used a call bell when they needed help. However, since our previous inspection, data made available by the housing provider showed date and time of call bell activation. The format that was supplied doesn't log when the call was responded to after the alarm bell was activated. The provider informed us of the action they were taking as they recognised this information did not supply suitable details. They told us they had asked the housing provider to examine why and take remedial action, which they provided evidence of having done so. However, people we spoke with told us that staff did respond quickly if they had needed to use their call bell.
- The provider carried out a satisfaction survey of people using the service in February 2020. The survey results showed most people were happy, but some people commented that staff were sometimes late. In response. The provider developed an action plan, for office staff to review staff rotas and times that people received their calls to ensure people received their care at the expected times. These issues have now been largely resolved. We found call times were recorded with improved information about late calls, although these were fewer in number, or calls where people had not wanted support at the allocated time.
- Medicines were now managed safely. Medication risk assessments were up to date and included information in relation to medicines being taken, risk assessments in relation to specific health conditions and for when 'as required' medicines contained enough information for staff to care for people safely. Medicines records were completed correctly by staff to show when medicines were given.
- The provider had completed a service action plan after the December 2020 inspection by CQC. This acknowledged the continuing challenge of staffing rotas and the action being taken to remedy this. All other action points had been completed.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.

- There was a clear staffing structure in place and staff understood their roles and responsibilities.
- The service had an on-call system to make sure staff had support outside office working hours.
- The provider encouraged staff to be involved in service improvements through regular meetings.
- Care staff told us that "Communication between care workers and organisation above the registered manager could be improved." They also told us that internally within the service "This is a nice place to work, there's a good team culture and I'm happy to come to work" and "Our strength is teamwork, and feels like I learn more in the team and I'm happy to work here."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider engaged with people and their relatives through care reviews and feedback requested about the service. The registered manager told us that a new survey of people using the service, relatives and stakeholders was being issued shortly.
- People using the service told us "I am really lucky being here, staff are there if I need them and I feel secure" and "Staff are well trained, they check to see if I have remembered to take my medicines."
- Staff meetings continued to be held to share learning and good practice, staff we spoke with understood what was expected of them and demonstrated their commitment to maintaining good practice.

Working in partnership with others

- The registered manager and the provider remained committed to working in partnership with other agencies and services to promote the service and to achieve positive outcomes for people. One example was how the service had responded to someone who required additional support due to deteriorating physical conditions.
- Everyone using the service was placed by the local authority who fed back to us that they did not have any concern about the way the service supported people. The local authority that commissioned the service indicated that the provider was responsive and had made improvement since the previous inspection by CQC.