MiHomecare Limited

MiHomecare - Woodingdean

Inspection report

5 Hunns Mere Way
Brighton
East Sussex
BN2 6AH

Tel: 01273309393
Website: www.mihomecare.com

Date of inspection visit: 16 March 2015
Date of publication: 25/06/2015

Ratings

Overall rating for this service	Requires improvement
Is the service safe?	Good
Is the service effective?	Requires improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires improvement

Overall summary

MiHomecare is a domiciliary care agency based in Brighton. The agency is registered to provide personal care for people in their own home and covers the Brighton and Hove area. At the time of our inspection the agency provided a service to 124 older people, who received care and support in their own home. We carried out this inspection on 16 March 2015.

A registered manager was 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.

There were inconsistencies in the systems in place to manage, monitor and improve the care and support provided to people in their own homes, which included some significant concerns regarding ongoing incidents of late or missed calls. This represented a breach of regulations and was an area that required improvement.

Summary of findings

People spoke positively about the service they received. They told us they were well cared for and felt comfortable and safe and were happy with the staff who provided their support. One person told us "Everything's fine. The carers turn up on time and give me all the help I need." Another person told us "I like them; they're kind, friendly and polite."

Staff were appropriately recruited, trained and supported. They had all undergone an induction programme and, where necessary, had received additional training specific to the needs of the people they were supporting. Communication had improved and regular meetings had been reinstated to discuss issues and share best practice. Staff understood their individual roles and responsibilities and spoke enthusiastically about the work they did and the people they cared for.

The provider had detailed policies and procedures relating to medicine management. Staffs' understanding and competency regarding medicine handling was subject to regular monitoring checks and medicine training was updated appropriately.

Staff knew the people they were supporting and provided a personalised service. Individual care plans, based on a full assessment of need, were in place which detailed how people wished to be supported. This ensured that personal care was provided in a structured and consistent manner. Risk assessments were also in place that effectively identified and managed potential risks.

Systems had been introduced that monitored the safety and quality of the service and gathered the views and experiences of people and their relatives. The service was flexible and responded positively to any issues or concerns raised and the manager was made aware of any concerns or complaints received. People and their relatives told us they were confident that any concerns they might have would be listened to, taken seriously and acted upon.

A breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was identified in respect of the monitoring of services. You can see what action we told the provider to take at the back 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?

Good

The service was safe.

There were processes in place to help ensure people were protected from the risk of abuse. Staff told us they had completed training in safe working practices. People felt safe.

Medicines were managed appropriately by staff who had received the necessary training to help ensure safe practice.

There were robust recruitment procedures to help ensure that people received their support from suitable staff. People had confidence in the staff and felt safe when they received personal care.

Is the service effective?

Requires improvement

The service was not always effective due to irregular, late and missed calls; there was a lack of consistency in the service provided.

People and their relatives were involved in the planning and reviewing of their care. People said staff knew them well and understood how they wanted their personal care to be given. They were happy with the care and support, however,

Staff had a good understanding of people's identified care and support needs. Individual care plans detailed how people wished to be supported and reflected their current needs, preferences and choices.

Staff were aware of their responsibilities under the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).This meant there were safeguards in place for people who may be unable to make decisions about their care.

Is the service caring?

Good

The service was caring.

Staff were kind, patient and compassionate and treated people with dignity and respect.

People were involved in making decisions about their care. They were regularly asked about their choices and individual preferences and these were reflected in the care and support they received.

Is the service responsive?

Good

The service was responsive.

Individual care and support needs were regularly assessed and monitored, to ensure that any changes were reflected in the care and treatment people received.

Summary of findings

A complaints procedure was in place and people told us that they felt able to raise any issues or concerns. They were also confident they would be listened to and any issues raised would be taken seriously and acted upon.

Satisfactions surveys were carried out to obtain the views and experiences of people and their relatives.

Is the service well-led?

Requires improvement 

The service was not consistently well led.

Inconsistencies in the systems in place to manage, monitor and improve the care and support provided to people in their own homes represented a breach of regulations

Regular audits were undertaken. However, although the manager monitored incidents and risks, there was little evidence that lessons were learned to help drive improvements in service provision.

Staff said they felt valued and supported by the management. They were aware of their responsibilities and competent and confident in their individual roles.

MiHomecare - Woodingdean

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.

It was an announced inspection, which meant the provider knew we would be visiting. This was because we wanted to make sure that the registered manager would be available to support our inspection, or someone who could act on their behalf.

The inspection team consisted of an 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 service.

Before the inspection we reviewed the information that we held about the service and the service provider. This included previous inspection reports, any complaints we have received and statutory notifications sent to us by the provider. A notification is information about important events which the provider is required to tell us about by law. On this occasion we did not ask for a Provider Information Return (PIR) as the inspection had been brought forward as a result of concerns received. A PIR 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.

During the inspection, we spoke with four care workers, two care co-ordinators, one field care supervisor, the interim regional manager and the registered manager. As part of the inspection process we also spoke, by telephone, with 11 people who used the service and two relatives. We looked at documentation, which included four people's care plans, including risk assessments, three staff training files and records relating to the management of the service.

The last inspection of this service was on 18 February 2014. At that time there was no registered manager in post, however the service was found to be fully compliant and no concerns were identified.

Good

Is the service safe?

Our findings

People had no concerns about their safety regarding the service they received in their own home. They said they were well cared for and felt safe with the staff who provided their support and personal care. People and their relatives told us staffing levels were appropriate and they generally received care and support from a consistent group of staff. One person told us "My carers are excellent, they are concerned about me and I couldn't do without them." Another person told us "I do feel safe because my carers are nice and friendly. I think they're all brilliant." Relatives spoke very positively about the service; they had no concerns about the way their family members were treated and felt they were safe.

The provider had developed comprehensive safeguarding policies and procedures, including whistleblowing. Staff told us because of their training they were aware of the different forms of abuse and were able to describe them to us. They also told us they would not hesitate to report any concerns they had about care practice and were confident any such concerns would be taken seriously and acted upon. Documentation was in place that identified and dealt with allegations of abuse. The whistleblowing policy meant staff could report any risks or concerns about practice in confidence with the provider. Staff had received relevant training and had a good understanding of what constituted abuse and their responsibilities in relation to reporting such abuse.

Potential risks to people were appropriately assessed and reviewed. Care records contained up to date risk assessments which included personal care, moving and handling and meeting nutritional needs. There was also an environmental risk assessment that included safe movement, living and bedroom arrangements, lighting, heating and utilities. Staff told us that to ensure consistency and continuity; they always referred to an individual's care plan and knew how to support the person safely and in accordance with their wishes. Staff also had access to a 24 hour on-call system, should an emergency arise out of office hours.

The field care supervisor told us that travel time between calls was factored in to the rota and staff told us they had sufficient time allocated to travel from one call to another. They said, where two staff were required, this level of support was always provided. This was confirmed by people we spoke with and by two members of staff who regularly worked as a pair for "more physically demanding calls. "The manager told us that sickness and annual leave was generally covered by staff working additional hours and this worked well.

Staff told us they had received training in handling medicines. This was supported by training records we were shown and through discussions with senior staff. Individual care records contained clear information about each person's medicines and the support they required. People were asked to sign a consent form, confirming their agreement to staff assisting with or administering medicines. We saw completed client consent forms to support this. As part of the medicine risk assessment there was a disclaimer relating to the contents of the daily medicine (dossette) boxes. This was signed by the person or their representative, to accept responsibility for filling the boxes and confirm their full responsibility for the contents. In another example of safe practice, a separate questionnaire was completed specifically for people who had been prescribed and were taking Warfarin.

The manager told us that care plans and risk assessments were regularly reviewed to reflect changing needs and help ensure people were kept safe. We saw documentation, including care plans and risk assessments to support this.

People were protected by safe and effective recruitment procedures, which ensured people were supported by staff with the appropriate skills, experience and character. This included completing Disclosure and Barring Service (DBS) checks and contacting previous employers about the applicant's past performance and behaviour. A DBS check allows employers to check whether the applicant has any convictions that may prevent them working with people who use care and support services.

Requires improvement

Is the service effective?

Our findings

People received care from staff who had the knowledge and relevant skills to carry out their roles and responsibilities effectively; however there was a lack of consistency in the level of care and support provided.

The majority of people we spoke with indicated that their calls were on time. However one relative said that there had "perhaps two or three missed calls in the last six months" and also issues on the last couple of Thursdays where the carer had been up to an hour late. They were concerned that the carer was not coming and called the agency to find out what was happening. In addition, a district nurse came to give an insulin injection at 10am, as they were diabetic, so it was really important that they were up and had had breakfast in time for the nurse's call. They were hopeful this issue was now resolved.

The ongoing incidents of late and missed calls were highlighted through the electronic call monitoring system (ECMS). However due, in part, to a lack of appropriate staff training, such shortfalls were not being addressed by the agency, which compromised the effectiveness of the service provided to people in their own home.

Other people said they had noticed that the service recently had improved. One person told us that on "the odd occasion the carer might be a little bit late," but usually the timings were acceptable. They also said that if they were concerned they would contact the office if they hadn't already let them know. Another person mentioned occasional minor issues with timekeeping but knew to contact the agency if there was a problem and they hadn't been informed. They also indicated that since just before Christmas the service had improved considerably in this respect.

Most people and their relatives spoke positively about the service, the staff and the care and support provided. One person told us 'I'm quite happy with the way things are going. They check things out with me first and provide me with choices so I can decide." Another person asked to describe their care said "It meets my needs and I'm generally happy with it." Another person told us "It's going well and I want to keep the same people."

The region of Brighton covered by MiHomecare was divided into five separate areas, Kemptown; Patcham; Woodingdean; Coldean and Saltdean. The manager explained that each area had an allocated team of care staff, who were accountable to and overseen by a field care supervisor. Their main duties included initial assessment and continuous monitoring of people receiving a service and the support and supervision of care support staff. A care coordinator was also attached to each team and was responsible for ensuring the appropriate provision of care and the allocation of support workers.

Staff confirmed they received appropriate support and, with the exception of the using the ECMS, the necessary training to undertake their roles and responsibilities. They also described how they 'shadowed' more experienced colleagues, when they first started work, until they felt confident and had been assessed as competent to work independently. As well as a thorough induction programme staff received essential training both in-house and from external providers.

People told us their healthcare needs were being met and felt confident in the care and support they received. Staff had developed effective working relationships with people. They were aware of - and closely monitored - their routine health needs and individual preferences. Staff we spoke with also understood the principles of the Mental Capacity Act (MCA) and gave us examples of how they would follow appropriate procedures in practice. Staff were aware decisions made for people who lacked capacity needed to be in their best interests. Mental capacity assessments had been undertaken where people were unable to make specific decisions about their personal care and support. We saw, where appropriate, family members and health and social care professionals were involved in these decisions. We saw that there was a record of decisions made in the best interests of the individual.

All care plans contained a signed client services agreement and an individual contract that identified which services the person had consented to and received. People who were at potential risk associated with eating and drinking, including swallowing, were assessed using a screening tool. We saw in one person's records a nutritional plan had been completed using this information. The plan included the person's likes and dislikes and what foods to avoid as they may have an impact on the person's medication. We saw that people had signed to confirm their plan had been discussed with them and they agreed with the content.

Good

Is the service caring?

Our findings

People and relatives spoke positively about the support they received and the caring and compassionate nature of the staff. Among the many comments we received, staff were variously described as "kind," "caring," and "very friendly." One person told us "They're like family and always make sure I'm comfortable before they leave." Another person told us "They are very professional and are concerned if I am in pain. They smile and always ask how I am."

Staff were knowledgeable and showed a good awareness and understanding of the individual preferences and care needs of people they supported. People told us they were involved in making decisions about their care, treatment and support. Staff emphasised the importance of developing close working relationships with individuals and being aware of any subtle changes in their mood or condition. Consequently they were able to respond appropriately to how individuals were feeling. This meant they were able to provide care and support to individuals and meet their assessed needs in a structured and consistent manner.

People felt '"in control" of their care and support and confirmed they had been included and "fully involved" in the writing of their care plan. This was supported by plans that we saw, which individuals had signed to confirm their involvement and agreement with the content. People were also consulted regarding any changes to their plan and directly involved in reviews. They told us they felt confident their views were listened to, valued and acted upon where appropriate. We saw a consent form which people had signed confirming they had received, understood and agreed to the service user guide and the terms and conditions. They also signed to say "I have been involved in the preparing of this care and support plan and agree with it. There was also a section signed by care staff to confirm "I have read the care and support plan, understand what is required and will fulfil the entire plan, as agreed."

We spoke with a care coordinator and care staff who confirmed that care reviews were completed with people in their own homes to ensure that information was planned and shared with the person receiving the care and support. Records held in the office for monitoring the quality of the service provided indicated when reviews were due, when they were completed and any consequent changes to their individual car plan. This ensured people received support which reflected their current care needs.

Staff received training to ensure they understood the importance of respecting people's privacy, dignity and rights. This formed part of the induction programme and core skills training. People confirmed that staff put this training into practice and treated them with dignity and respect. One person told us "They are always very respectful and make sure I'm comfortable." Another person told us "When they are helping me with my personal care, they ensure the door and curtains are closed and will always put a towel over me." This was confirmed by staff who described how they would always ensure people's privacy and dignity and how their modesty was protected when providing personal care.

A typical example of the caring approach and attitude of the staff was a comment received from one care worker who told us "I take pride in my work. I always put myself in their position. We never talk over clients when we are supporting them and always try to involve them in what we're doing."

Good

Is the service responsive?

Our findings

People told us they were generally satisfied with the service they received and said their care and support needs were met. They felt listened to and spoke of staff knowing them well and being aware of and sensitive to their needs and preferences regarding how they liked things to be done. One person told us “They all know me fairly well and what help I need. As I can't walk, they make sure I can get into the chair safely.” Another person told us 'They are flexible and I've no complaints.”

The manager informed us that before anyone received a service from MiHomecare, a comprehensive initial assessment of their personal needs and circumstances was carried out, with the full and active involvement of the individual. The assessment established what specific personal care and support needs the person had and incorporated personal and environmental risk assessments. This was supported by completed assessments and confirmed through discussions with people and their relatives.

From this initial assessment a personalised care plan was developed, again with the active involvement and full agreement of the individual. The plan specified what care and support the person required and detailed how they wished that support to be provided, in accordance with their identified preferences. We saw samples of completed plans and spoke with people regarding their personal experience of the care planning process. People said they were fully involved in drawing up their personal care plan and confirmed that the plan accurately reflected their individual support needs.

Staff had recorded important information about people, for example, family life, personal interests and details of significant relationships, friends and relatives. People’s wishes and individual preferences regarding their daily care and support were also recorded. Staff demonstrated awareness and a good understanding of what was important to people and how they liked their personal care and support to be provided.

The care coordinator confirmed that people had a choice about who provided their personal care. They were encouraged, during the assessment, care planning and review process, to make choices and have as much control and independence as possible. As an example, the care coordinator told us that, as part of their initial assessment, people were asked if they had a preference regarding the gender of their care staff. They confirmed that this information was used to ensure people received care and support appropriate to their needs and in their preferred manner.

People were confident that any concerns or complaints they raised would be responded to and action would be taken to address their problem. People and their relatives told us they knew how to complain and would speak to “one of the carer or the manager staff if there was something they were not happy with. One person told us they had contacted the agency office about having male carers and this had been “resolved satisfactorily.”

The manager confirmed that the complaints procedure was incorporated in the 'Guide to our services’, which also included the statement of purpose and was provided to all people who received a service. We looked at the service’s complaints policy, in the guide. It included details of the procedure for raising a complaint, and saw there was a clear process to be followed should a complaint be received. The manager said that any concerns or complaints were taken seriously and acted upon. A complaints record detailed each complaint, as well as action taken and the findings of any investigation. We looked at how complaints were managed and investigated, in accordance with the provider's published procedures and resolved to the satisfaction of the complainant.

Requires improvement

Is the service well-led?

Our findings

There were some inconsistencies in the systems in place to manage and monitor the care provided to ensure people received the identified and agreed level of support, to meet their needs. We saw there were incidents of late and missed calls, which were highlighted on the screen of the electronic call monitoring system (ECMS). However, although the care coordinators and the manager were clearly aware of these shortfalls, there appeared to be little evidence of any responsive action taken to resolve these issues. In one case, a person who was due a call at 7am had not been visited until 9.10 am. The care coordinator's explanation of this was that "This particular client prefers a later call now, so the carer does other calls first."

This issue was found to be a daily occurrence but by no means an isolated incident and went some way to explaining the rates of late and missed calls. It was suggested by us that this, and similar cases, could and should have been addressed by way of a review of the individual care plan and the system being updated accordingly. It was noted that the option to change the times of calls was clearly referred to in the service user guide. Although this issue was acknowledged by the care coordinator, there seemed to be a distinct lack of process to deal with problems, highlighted by a system introduced to eliminate them.

Concerns regarding these shortfalls were also raised by the local authority. A contracts officer from Brighton and Hove Commissioning and Contracts Team told us "Our most immediate issue with Mihomecare is their continued poor compliance with their usage of the ECMS system, particularly the. logging in and out at service user addresses when visiting to deliver care."

This further highlighted the inadequate systems or processes in place to assess, monitor and improve the quality and safety of the services provided. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We discussed the issue of missed and late calls with the registered manager. They acknowledged this was a significant and ongoing problem and explained that a call monitoring system had been introduced, over a year ago (before they started work with the agency) to resolve the issue. However no formal training, in the use of the system, was provided to staff at the time or since. They confirmed that specific training had now been booked for 1 & 18 May 2015, the earliest available dates.

People and their relatives spoke positively about the services provided and the confidence they had in the registered manager. They said they were able to contact to the office by phone or email and would always receive a prompt response. People also said that they would happily recommend the service to a friend or relative. One person told us "'Because I like the carers. My main carers are like family, they are approachable, friendly and polite - and you can talk to them." Another person told us "They are professional. The carers turn up on time and give you the help you need. I would say it's a very good service and I couldn't fault it." Staff spoke of feeling valued by the manager, who they described as "approachable and very supportive," and "On the ball." One member of staff told us "Things are much better now, she'd turned it around."

The registered manager told us of the values and vision of the service, which promoted independence and was based on "People making choices about how they live their life, what they want to undertake themselves and the tasks they need support with." We saw that the vision and values, as well as the company's aims and objectives were incorporated in the 'Guide to our services'. Staff we spoke with were also aware of these visions and values and described a more positive and inclusive culture within the agency. Staff were enthusiastic and positive about their work. They were well informed and had a good working knowledge of their role and responsibilities. Staff told us that morale amongst their colleagues was "much better now" and they said they felt "valued" by the registered manager, who they described as "approachable" and "very supportive." One member of staff told us "Things are much better now, with the new manager - she's on the ball."

Notifications detailing significant events were sent to us as required and we were also made aware of any safeguarding incidents that had taken place. The registered manager had also contacted us when they needed advice or support. This showed the provider understood their responsibilities to inform us of significant events that occurred at the service. All the staff we spoke with confirmed they fully understood their role and responsibility to share any concerns they had about people's care. They knew how to raise concerns regarding

Requires improvement

Is the service well-led?

risks to people and poor practice in the service. They said they were aware of the whistleblowing procedure and would not hesitate to report any concerns they had about care practices. They also felt confident that any concerns raised would be acted upon. One member of staff told us "Communication is pretty good here. These are vulnerable people we're dealing with. If I wasn't happy with something, I would be straight onto the office and they would sort it."

The manager described to us the various quality assurance audits they carried out, in order to identify any shortfalls in the services provided and areas for improvement. A comprehensive annual audit was also undertaken by the local authority quality monitoring team, which also produced an audit report, including recommendations to improve service provision. Other systems to monitor the effectiveness and quality of the service provided to people included medicine audits, which incorporated competency assessments, regular environmental and health and safety checks and annual client satisfaction questionnaires. These were sent out to gather the views and experiences of people who received a service from MiHomecare and we saw that positive feedback had been received following the most recent survey.

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	Regulation 17 HSCA (RA) Regulations 2014 Good governance The registered person had not effectively monitored and improved the quality of the services provided, including the quality of the experience of people receiving those services. Regulation 17 (1)(2)(a)