MiHomecare Limited

# MiHomecare - Ely

## 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 |

## Overall summary

MiHomecare - Ely is a domiciliary care service that is registered to provide personal care to people living in their own home. At the time of our inspection there were approximately 180 people using the service.

This announced inspection took place on the 29 October and 2 November 2015.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

A robust recruitment process was in place. This helped ensure that only those staff deemed suitable to work with people using the service were offered employment. A sufficient number of suitably qualified and experienced staff were employed to help ensure people's needs were safely met.

# Summary of findings

Staff were trained in, and adhered to safe, medicine's administration practice. Staff had their competency to do this assessed regularly. Regular audits and checks ensured that the provider's medicines administration policy was adhered to.

Staff had been trained and were knowledgeable about protecting people from harm. Staff were confident in describing who they could report any concerns to including the registered manager, the local safe guarding authority or the Care Quality Commission.

The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The registered manager and staff were knowledgeable about when an assessment of people's mental capacity was required. They were also aware when they needed to liaise with the local authority should a need arise to lawfully deprive any person of their liberty.

People were supported with their personal care needs and staff respected people's independence, privacy and dignity. Risk assessments were in place for people at risk of falls, self medicating and being out in the community. Checks were completed to help ensure that people's homes were a safe place for staff to work in.

People's assessed care needs were determined with their, families and health care professional's input. This was to help ensure that people were involved in their care planning.

People were supported to access a range of health care professionals including speech and language and occupational therapist, GPs and community nurses.

People were encouraged to eat and drink sufficient quantities. People were able to choose what, where and when they ate.

An effective programme of planned supervision and appraisals was in place and staff received regular support with their roles. Staff were supported to access and attain additional health care related qualifications to assist with developing their skills and increase their knowledge.

People were provided with information, guidance and support on how to raise a complaint. The provider took appropriate action to ensure any complaints were addressed to the complainant's satisfaction. Actions from concerns and compliments were used as a way to help drive improvement and prevent future recurrences.

The registered manager and senior care staff had effective audit and quality assurance processes and procedures in place. Any actions required to improve the overall standard and quality of care were raised at staff meetings and formal supervision.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

**Is the service safe?**
The service was safe.

Staff possessed key skills in safe medicines administration. People were supported to be as safe as practicable by staff who were knew the correct reporting procedures if these were required.

Sufficient number of suitably qualified staff in place to meet people's assessed needs.

A robust recruitment process was in place and this helped ensure that only suitable staff were offered employment with the service.

Good

**Is the service effective?**
The service was effective.

People were supported to make and be involved in the decisions about their care. Staff knew people's care needs and they were experienced in meeting these.

People were supported to eat and drink sufficient quantities of the foods they preferred. People were encouraged to eat healthily.

Staff informed people or their relatives if they needed to contact a healthcare professional about people's health and well-being. Staff adhered to any health care professional advice.

Good

**Is the service caring?**
The service was caring.

People were provided with care that was tender, compassionate and dignified. People were made to feel they really mattered and were at the forefront of staff's thoughts.

Staff knew the people they cared for and their care needs well.

People were supported to see or be seen by relatives, friends and visitors when they wanted.

Good

**Is the service responsive?**
The service was responsive.

People and those acting on their behalf contributed to the assessment and planning of their care.

People's concerns, compliments and suggestions about their care were used as a way of recognising what worked well.

People's care plans were individualised and centred on the person. Any changes to people's care needs were acted upon promptly.

Good

**Is the service well-led?**
The service was well-led.

The registered manager used innovative ways to help drive improvement. An effective audit and quality assurance programme was in place.

Good

# Summary of findings

The registered manager had developed and fostered an open and honest culture with all their staff.

People, relatives and staff received the support they needed from the registered manager.

# MiHomecare - Ely

**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 29 October and 2 November 2015 and was announced. This is because we needed to be sure that the registered manager and staff would be available. The inspection was completed 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 looked at information we hold about the service. This included the number and type of notifications. A notification is information about important events which the provider is required to tell us about by law.

We also received information from the local authority who commission and contract care from the service.

During the inspection we visited and spoke with three people in their homes and spoke with 10 people by telephone. We also spoke with two relatives, the service's registered manager, the provider's operations' director, the quality and performance manager, three senior care supervisors and care coordinator staff and four care staff.

We also observed people's care to assist us in understanding the quality of care people received.

We looked at seven people's care records, records of staff communications and staff meeting minutes. We looked at medicine administration records and records in relation to the management of the service such as checks regarding people's health and safety. We also looked at staff recruitment, supervision and appraisal process records, training records, compliments and quality assurance and audit records.

Good

# Is the service safe?

## Our findings

People who used the service told us that they felt safe. The reasons they told us this was because sufficient staff turned up on time, had time to meet people's needs or informed people the reasons for any delays. One person said, "There are enough staff. I have the odd call where staff were a bit late. I don't mind as they are usually on time." Another person said, "They are usually on time, if late only a little and they ring and tell me they will be late, they stay the time they should be here."

Concerns about people's safety would be recognised and acted upon swiftly. Staff were knowledgeable about how people were protected from any potential harm. They knew the correct reporting procedures and to who and how any concerns should be reported to. For example, informing the registered manager, the local safeguarding authority or the CQC. The commissioners' of the service confirmed to us that they did not have any concerns about people's safety and that the service had sufficient staff. This was for people who paid privately for their care and where care had been commissioned.

Staff were also confident to report any poor standards of care if ever this was necessary by whistle blowing. One care staff said, "I would definitely report any unacceptable standards of care. I would do this without any hesitation or fear of recriminations."

During our inspection we saw that there were sufficient numbers of staff to meet people's care needs. One person said, "I need two of them [care staff] and I always have this provided." The registered manager told us that people's needs came first and foremost. They said, "We only recruit and employ staff who are in the job for the right reasons, caring for people with the right attitude at putting people first." We are recruiting more care staff to meet the increase in people we care for." Senior care staff confirmed to us that this was the case. One person said, "They [care staff] stay for the right time. Sometimes they are here over the time – I have two carers each time and they wash and dress me and get me out of bed and give me my medicines."

The registered manager and all office based and care staff confirmed that there were arrangements in place for unplanned absences such as staff calling in sick. Other measures included the prioritisation for people with urgent or complex care needs in poor weather conditions. This was for where staff were not able to get to the person at their allotted times. Senior care staff, field care supervisors and coordinators said that sometimes it was "all hands to the pumps". This was for situations where unplanned events occurred. The registered manager said, "We never use agency staff as this introduced too much risk regarding people's care as MiHomecare staff know people better." People confirmed to us that this was the case. One person said, "It is always nice when the staff come to see me and help me each day. I couldn't manage without them." We found that the service had reduced staff turnover. Staff said that this was because they felt part of a team and extra staff had been, and were being, recruited.

Accidents and incidents such as where people had experienced a missed call or medicines administration error were recorded. We saw that actions had been taken to prevent the potential for any recurrences. This included changes to the way staff were rostered and informed of the calls they were required to undertake.

The provider had processes and procedures in place to ensure that only those staff deemed suitable to work with people were offered employment. Records confirmed that the checks completed before staff commenced their employment were robust and effective. These checks included evidence of staff's good conduct, fitness to work with people using the service and evidence of a Disclosure and Barring Service (DBS) check. One person said, "I definitely feel safe with the girls. They are all lovely."

We saw that staff gave people the time they wanted and needed with their care provision. For example, people not having to rush or feel rushed to eat any meals, or have personal care provided. One care staff said, "I have the time between each care call. Having people in a similar area helps me get their on time."

Risk assessments were in place for subjects including people at risk of whilst out in the community, health conditions, falls and medicines' administration. These were reviewed regularly to ensure people's care was as safe as it could be. Where people needed two care staff to safely support them with their care that this was provided. Other risk assessments included checks that were completed to help ensure that people's homes were a safe place for staff to work in. This was for utility supply isolation points as well as equipment and electrical hazards.

Good

# Is the service safe?

People were supported to take their medicines in a safe way. Records and staff confirmed that they had been trained in the safe administration of medicines. Staff's competency to do this safely was regularly assessed. Medicines were recorded accurately and were stored appropriately in people's homes. Staff were aware of the circumstances under which people might need support with their medicines where they lacked capacity to agree to this. For example, administering people's medicines in their best interests and following Mental Capacity Act 2005 (MCA) guidance. People's medicines administration records (MAR) included any allergies and who they wanted to help them take their prescribed medicines.

Good

# Is the service effective?

## Our findings

People told us that staff were very aware of their needs and provided care in a competent way. One person said, "They are like another member of my family as they know exactly what I want." A relative said, "The staff are very good at pointing out any health concerns. My [family member] has no worries on that score."

Staff were aware of how they needed to support some people make certain decisions about their care. For example, reminding people to take their medicines or the clothes they liked to wear. One care staff said, "I have had training on the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). It is about supporting people to make decisions as much as possible." No one currently using the service had, or needed to have a DoLS in place. The registered manager and senior care staff knew when and what circumstances could lead to an application being sent through the local authority to the Court of Protection.

The provider had a comprehensive and effective training programme in place. This was for subjects including medicines administration, safeguarding people from harm, fire safety and moving and handling. The training staff received helped enable them to do their job safely and effectively. One person told us, "They [staff] use a hoist and they do it well." Training records and plans we viewed showed us that staff were reminded when they had to complete their training. This was as well as any staff requiring refresher training on any particular subject. Care staff were in the process of completing the Care Certificate. This is a nationally recognised qualification in the standards of care to be provided. As well as formal training, staff were mentored and coached by more experienced staff in providing care based upon what worked well for each person. One member of staff said, "The training is very good. The in house trainer can also adapt training if we find that people have a new care need. For example, after discharge from hospital."

Staff described the support they had received from the registered manager as "tremendous", "they are always there when you need them" and "I have a mobile phone number and I can call them at any time." All staff confirmed that they worked well as a team and that supporting each other was key to being successful in meeting people's needs. One person said, "I know I can't always have the same staff but they do their level best." Staff confirmed their regular support and formal supervision was a two way conversation and an opportunity to discuss their plans for future training and any additional healthcare related qualifications. Staff with management responsibilities also commented positively on the management qualifications they had been supported to obtain. These included subjects such as safeguarding and medicines administration for managers.

People were supported to eat and drink sufficient quantities. People were involved in decisions about what they wanted to eat. One person said, They [staff] cook the lunch meal but I choose it and get it out. They dish it up. I tell them what I want for the other meals but I choose. People told us that if they changed their mind this was never a problem." Staff respected people's decisions on the quantity they chose to eat. Where people were at an increased risk of malnutrition we saw that appropriate measures had been taken to ensure their health was not unduly affected. This included fortified drink and food options introduced following the intervention of a health care professional.

Staff informed people or their relatives if they identified a change in the person's health. This allowed people and their relatives to contact a GP if required. One person said, "Staff are very cautious and good at identifying any changes in my well-being." We saw and were told [by staff] that care staff adhered to the advice health care professionals had offered. This including ensuring the person ate an appropriate soft food or low sugar diet.

Good

# Is the service caring?

## Our findings

We saw that at each of the people's homes we visited that the staff offered and provided care in privacy with sincerity, kindness and with dignity. For example, having a conversation and laugh to distract the person appropriately from their personal care and hygiene needs. We saw that staff closed people's doors and curtains as well as letting people know what each stage of their care was. Care staff spoke with people in a way that was respectful and compassionate. One person said, "They [staff] are nice and they help me. They are gentle. I have a routine in the morning and they get me washed and dressed and on a shower day I have a shower." A relative said, "They [care staff] always treat my [family member] with dignity and respect. The staff can have a laugh too." People we spoke with by telephone also confirmed that staff were kind and respectful.

People had their personal care provided in the room or place of their choice. One relative said, "Staff know my [family member] and their needs very well. I am very pleased with what they [care staff] do. It's not an easy job and they their utmost to please [family member] in the time they have." One person said, "They [staff] bath my feet and help my wife shower. They treat us as they should and show us respect as elderly people." We found and observed that staff completed their care call for the allotted time and that it was not rushed.

People said and we saw that staff always announced themselves to the person before entering their home. Staff then went on to engage in polite conversation with the person about what was important to them. Examples included, discussions about their well-being, the daily shopping and what the weather was like. One person said, "They [staff] always knock, tell me who it is before entering [my home]." Another said, "The girls [care staff] provide and meet my care needs and do anything extra [within reason] I ask them."

Care Plans were detailed, contained relevant information and guidance for staff. For example, the person's call and visit times, the time they liked to eat and what their favourite pastime was. Staff we spoke with all confirmed that the care plans provided everything they needed to know about the person. One person said, "They [staff] help me with my personal care and I would not be able to manage without them. They help me dress as I have [a health condition] and they shower and dry me."

People, relatives and the service's commissioners' confirmed that people were involved as much as possible in their care planning. This included visits by staff to the person's home as well as telephone monitoring. This gave people as much opportunity as possible to be listened to and their wishes acted upon. One person said, "One of my carers took me to the hospital last week for a procedure and she got a wheelchair and she saw I was nervous and she was making me laugh – she was absolutely marvellous." Another person said, "They [name of provider] are truly wonderful. I can't fault them."

Staff were able to describe to us people's care needs and what people really liked to support their independence. One care staff said, "I love making a difference and helping people to remain living at their home for as long as possible." People told us and the registered manager confirmed that where required, staff were matched to the people they cared for. One person said, "The staff do what I ask, do it well and always ask if I am alright before they leave."

The registered manager told us and we saw in people's care plans and a service user guide about the advocacy arrangements that were available. Advocacy is for people who can't always speak up for themselves and provides a voice for them. A relative told us "I advocate for my [family member] for the subjects they are not able to speak up about on their own."

Good

# Is the service responsive?

## Our findings

Prior to people starting to use the service their care and support needs were assessed. This included information from the person, their families, health care professionals and the service commissioning bodies. Other areas considered were the person's mobility, existing health conditions or impairments and any equipment or nutritional needs. One person said, "I do ring the office and sometimes cancel a call if I am going out with family and they are very nice and helpful in the office."

People's life histories as well as relatives, and staff's knowledge were used to support the provision of the care people wanted, needed and the areas which were important to the person. For example, support with their favourite pastimes, hobbies and interests such as going out, going shopping, looking after a pet and going to a local market day. Care staff also supported some people to attend day care services. This showed us that the service and its staff supported people to reduce the risk of social isolation as well as developing people's independence.

People's views about their care and the way it was provided were sought regularly. This included, during care visits, telephone monitoring and also every three months by a senior care staff member. This helped involve people in having person centred care plans. One care staff said, "I like the new care plans which are very organised and contain all the information I need." One person said, "If I need anything changing such as a longer, or shorter, call. I just ask them [office based staff] and it gets changed." Another person said, "If it is a new [staff member] who has not been here before they look at all the charts and see how things have been done in previous daily reports." Senior care staff told us that people often told and spoke about things which could then be added, if required, to their care plan. Important information such as people's food or medicines allergies were included as well as any special requirements. For example, a low sugar or soft food diet. This showed us that the provider and its staff considered the aspects of people's care that were meaningful and important to the person.

Complaints, compliments and suggestions were recorded by the provider, responded to and acted upon. The provider had processes in place to monitor the effectiveness of any actions taken. This also included checks on the times staff arrived and completed each care call to prevent recurrence as much as practicable. The registered manager told us, "We do get complaints and suggestions but we consider each one on an individual basis. If any action is required or arises, such as staff being supervised, retrained or ultimately disciplined, then this is what happens. We use this information to help improve the quality of care we provide." The telephone monitoring that had taken place recently showed there had been many positive compliments. For example, comments included "thank you for looking after [family member]", "the care my [family member] receives has been second to none" and "I am extremely happy with the care. Nothing is ever too much trouble." We saw that compliments were also used as a way of identifying what worked well and where staff's care and their commitment had proved particularly successful. For example, where staff had been particularly well matched with the people they cared for. The registered manager told us and we saw that these compliments were always passed on to staff.

People were supplied with information in the form of a service user guide and provided with support, if necessary, on the ways they could raise concerns, suggestions or compliments. This included other organisations people could contact such as the Local Government Ombudsman or the CQC. One person said, "All the information I need is in my book [service user guide].I see staff frequently so if I had any concerns I would speak to them first." Another person said, "Last year there was a [care staff] that I was not happy about and I spoke to the office. I have not had any other problems."

One person said, "I am regularly asked if everything is done the way I want it. I get visits, phone calls, as well as my day to day care staff checking that I am well." Another person said, "If I had to raise a concern with the office then that's what I would do but I have never had the need." A third person told us that they had requested an increase in their call time due to a change in their health. We saw that this had been implemented and the difference this had made to the person's quality of life. Another person said, "The staff are always willing to do that bit extra. I can't grumble at anything really. It's all good."

The registered manager explained to us how they put people first and foremost. This included any changes in people's general health such as a change to their medication. We saw that staff meetings were used as an opportunity to involve staff in making a difference to the

Good

# Is the service responsive?

service they provided. Examples included where staff had been reminded to ensure they accurately recorded the length of their care calls, to complete MAR sheets correctly and to adhere to good hygiene standards when supporting people. This helped ensure people and the care they received was as individualised as it could be.

Good

# Is the service well-led?

## Our findings

Strong links were maintained with the local community and included assisting people with their shopping, going to a day centre, going to a local market and being visited by friends and family. People confirmed that staff assisted them with what they had chosen to do. The registered manager and operations' director told us about a recent "Diversity" event. This had involved the local community, a councillor, local home food suppliers and the local fire service. People and staff and former staff had also been invited. The registered manager said, "This was a really great opportunity, especially for the safety of people. It helped us understand the diversity of the people we care for as well as other care services and the impact they could have on people's lives." Pictures we saw in the main office confirmed this event had take place.

The registered manager told us how people and staff were actively involved in developing the service. This included regular conversations and meetings with people, observations and; seeking relatives' views. Other ways for monitoring was undertaken by staff included day to day care visits, regular home visits and telephone calls. At these opportunities the registered manager and senior care staff sought people's views about the quality of the care they received. One person said, "If I had any issues, which I don't, I would speak to them [the care provider] in the office." A relative said, "The service is well-led as [name of field care supervisor] calls in regularly to ask how [family member] is and if anything needs attention."

Staff were supported by receiving supervisions, appraisals and on the job mentoring as well as attending regular staff meetings. Staff meetings gave staff the opportunity to comment on any areas they felt would benefit people. One care staff said, "I am not slow in coming forward. If something is not quite right I say so and I am supported to put things right." Meetings were also used as an opportunity to remind staff of the required standards of their work. For example, reminding staff to accurately complete people's care records and adhering to the timings of calls. These meetings were attended by all staff where practicable. Information was also communicated by memo to those staff who were unable to attend the meeting. To reduce staff travel, the registered manager had arranged sub group meetings in the areas staff worked. This helped the communication of information and the time staff had available for their primary role as care staff.

The registered manager told us that they felt well supported. The regional manager contacted them twice a day. This was to identify any issues in the morning and later in the day to seek assurance that the planned actions taken had been effective, or if any additional support was required. Other support was available if required from the operations' director. This included sharing best practice such as the right staff with the right skills and qualifications to mentor new staff with these skills. We also found that the registered manager had worked and liaised with their in house trainer as well as with the local authority to help ensure a consistent standard of training and provision of care was provided.

One person said, "It must be a well-led organisation as the [registered] manager is a lady and she has been so see me. "I like it (the provider). I would recommend them if I had to." Audits and reviews of people's care plans and daily care records helped the registered manager to identify if staff were adhering to the right standards of care. Several staff had been nominated for awards through 'The Great British Care Awards'. These are a series of regional events throughout England and are a celebration of excellence across the care sector. The registered manager had won a leadership award since our previous inspection in 2014. All staff commented on the positive and stable leadership and values exhibited by the registered manager. One care staff said, "The difference [name of registered manager] has made has been "tremendous". It [the branch] is now so organised." Another member of staff said, "[Name of registered manager] couldn't be any more supportive. Once they get something between their teeth they won't let go until the situation is resolved."

Quality assurance checks completed by the provider, registered manager and senior care staff helped ensure the expected standards of care were maintained. This was for subjects including medicines administration, accuracy of care records and spot checks on staff's performance. Audit records viewed showed how actions taken had improved the way people perceived their care. The majority of people's comments described their care as very good or excellent. Actions taken to improve people's care had been effective. For example, making sure people received the full

Good

# Is the service well-led?

amount of care time which had been commissioned to meet their needs. One person said, "I would recommend them [name of provider] and I have done to my neighbour and she now [uses] them."

Staff told us that the registered manager was "a true inspiration". They said, "[Name of registered manager] is always there for you if you need them." Other care staff told us that although they had regular supervision that if there was a situation needing urgent attention that they didn't have to wait. For example, If they felt that the length of someone's care visit needed reviewing.

Staff told us that they were aware of whistle-blowing procedures and would have no hesitation in reporting their concerns. This was if ever they identified or suspected poor care standards. They said that the registered manager was always supportive of staff if ever a concern was identified.

The registered manager confirmed that they had signed up to alerts and guidance from national organisations. For example the Medicines and Health Regulatory Authority as well as other nationally recognised organisations such as the Social Care Institute for Excellence. This is a leading improvement support agency that works with the care and support sector in the UK. Guidance from these organisations was passed on to staff immediately if urgent or through a weekly memo system. For example, if changes had been made to the way medicines were administered.

Senior care staff and management completed spot checks as well as mentoring new staff. Spot checks included monitoring that people's medicines had been safely administered as well as checking to see if staff demonstrated the provider's values in putting people first in everything. One person said, "The coordinator does a spot check [on medicines administration] the last one was last month." Staff spoke highly of the registered manager and how they were supported by them. One care staff said, "I have known [name of registered manager] for a long time and they have worked their way up [through the organisation]. If there is anything I don't know I just ask and they provide a solution." The provider's quality and performance manager said, "I visit all MiHomecare branches in my area and focus on the ones which require the most improvement. [Name of registered manager] can always be relied on so I don't need to visit the Ely branch as often as some."

The registered manager had notified the Care Quality Commission (CQC) of incidents and events they are required to tell us about. We also found that any actions required as a result of these had been completed promptly. For example, where improvements had been made to the call rostering process and how information was then passed to, and understood by, care staff.