

Cmichaels Healthcare Ltd

Cmichaels Healthcare

Inspection report

The Vault Business Centre, 123 High Street
Bordesley
Birmingham
West Midlands
B12 0JU

Tel: 01216631104

Website: www.cmichaelshealthcare.co.uk

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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

About the service

Cmichaels Healthcare is a small domiciliary care agency registered to provide personal care to people living in their own homes. The agency currently provides a service for people discharged from hospital and supported with end of life care. The service is also registered to provide a service for older people, people living with dementia, younger adults, children 13 to 18, learning disability and mental health. At the time of the inspection the service supported seven people.

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

People were supported by staff that were caring, compassionate and treated them with dignity and respect. Any concerns or worries were listened and responded to and used as opportunities to improve.

People received person centred care and support based on their individual needs and preferences. Staff were aware of people's life histories and individual preferences. They used this information to develop positive, meaningful relationships with people. Staff were very knowledgeable about people's changing needs.

Relatives told us people were well cared for by staff who treated them with respect and dignity and encouraged them to maintain relationships and keep their independence for as long as possible. People were supported by staff who had the skills and knowledge to meet their needs.

Staff liaised with other health care professionals to ensure people's safety and meet their health needs. Where people lacked capacity, people were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff spoke positively about working for the provider. They felt well supported and that they could talk to management at any time, feeling confident any concerns would be acted on promptly. They felt valued and happy in their role.

Management worked well to lead the staff team in their roles and ensure people received a good service. Audits were completed by management to check the quality and safety of the service.

Rating at last inspection: The last rating for this service was requires improvement (published 20 February 2019). We found the service was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected: This was a planned inspection based on the previous rating.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

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

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 effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Cmichaels Healthcare

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.

Inspection team

The inspection team consisted of one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

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. The registered manager was unavailable during the inspection period.

Notice of inspection

We gave the service 48 hours' notice of the inspection visit because it is small and the management team is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Inspection activity started on 17 February and ended on 18 February 2020. We visited the office location on 17 February 2020.

What we did before the inspection

We reviewed information we had received about the service since its registration. We sought feedback from the local authority. The provider was not asked to complete a provider information return prior to this inspection. 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 reviewed a range of records. This included three people's care records to see how their care and treatment was planned and delivered. Other records looked at included two recruitment files to check suitable staff members were recruited and received appropriate training. We also looked at records relating to the management of the service. We spoke with the director and the compliance manager.

After the inspection

We contacted people and their relatives by telephone on 18 February 2019 and spoke with three relatives to gather their views on the service being delivered. We also spoke with three care staff.

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. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from potential abuse and avoidable harm by staff that had regular safeguarding training and knew about the different types of abuse.
- The provider had effective safeguarding systems in place and all staff had a good understanding of what to do to make sure people were protected from avoidable harm or abuse. One staff member told us, "There are different type of abuse such as physical, emotional and psychological. If I saw someone being abused I would contact the manager, local authority and the police."
- People told us they felt safe. One relative told us, "[Name] is kept safe by the carers, they are knowledgeable, well trained."

Assessing risk, safety monitoring and management

- Risks to people's safety and wellbeing were assessed, managed and reviewed. Each person's care records included risk assessments considering risks associated with the person's environment, care and treatment, medicines and any other factors. The risk assessments included actions for staff to take to keep people safe and reduce the risk of harm. For example, a resident who was at risk of pressure sores had a detailed risk assessment. Staff recorded repositioning and any changes to skin integrity.
- At the time of the inspection the service had no accidents and incidents however we saw paperwork was in place to records these and action taken to reduce reoccurrence.
- People had access to equipment such as walking aids, hoists and sliding sheets and relatives told us that staff followed safe moving and handling processes when supporting people.

Staffing and recruitment

- People were supported by a sufficient number of safely recruited staff.
- People and staff told us they had enough time to provide the care required. One staff member told us, "I have enough time during calls and enough time to travel between calls."
- Safe recruitment practices were followed to ensure people were supported by suitable staff. Disclosure and Barring Service (DBS) checks were undertaken and references were requested prior to staff commencing employment.

Using medicines safely

- Staff had completed training on how to administer medicines. At the time of the inspection staff did not administer medicines to people because their family members supported them.

Preventing and controlling infection

- People were supported by staff who understood how to prevent the spread of infection. One staff member told us, "We all wear Personal Protective Equipment (PPE), such as gloves, aprons and hand gels and covers on our feet."
- A relative told us, "During every visit the carers wear gloves and aprons during personal care."

Learning lessons when things go wrong

- The registered manager kept a record of lessons learnt which showed how action was taken immediately when things went wrong.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed in a personalised way that clearly documented their needs and choices in all areas of their lives.
- Staff recorded detailed daily notes which showed care was delivered in line with their assessed needs.
- People's diverse needs were considered in the assessment process. For example, we saw in one person's assessment documentation, their religion and first language had been documented and clear guidance was in place regarding how to meet their cultural needs.

Staff support: induction, training, skills and experience

- People were supported by well trained staff who had the skills and knowledge to meet their needs effectively. One relative told us, "You can tell the carers are well trained, they are knowledgeable and professional."
- Effective systems were in place to ensure staff kept up to date with all of their mandatory training and we saw that all staff were up to date. Staff completed the Care Certificate as part of their mandatory training. The Care Certificate is a set of standards, which sets out the required skills, knowledge and behaviours required of people working in health and social care sectors.
- New staff received induction training to the service which included shadowing. One staff member told us, "I completed an induction before I began supporting people, after the induction I felt ready to complete care tasks on my own."
- Staff told us they had received positive support through supervision, team meetings and spot checks on their working practices. This enabled them to maintain their skills, knowledge and ongoing development. One staff member said, "Supervision is very productive and gives me an opportunity to discuss my development."

Supporting people to eat and drink enough to maintain a balanced diet

- Staff did not provide support to people to eat and drink to maintain a balanced diet because people were supported by their relatives.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to access healthcare professionals when needed. The provider had sought input from health professionals including social workers, occupational therapists and district nurses.
- Staff worked closely with other agencies including commissioners to ensure people received effective care.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- People were asked for consent by staff before care was provided. One relative told us, "The staff are excellent; they always seek consent and they know [Name's] facial expressions to indicate they have consent."
- Staff understood the principles of the MCA and how this applied to supporting people. One staff member told us, "I assume someone has capacity unless proven otherwise."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by kind and caring staff. One relative told us, "The staff are very compassionate, they don't just watch the clock, they will sometimes stay longer to ensure the care is completed."
- People were supported by staff who tried to build a rapport with them. One relative told us, "[Name] cannot communicate verbally. The staff are very good at engaging with them, observing facial expressions and talking to them when completing care tasks."
- The staff we spoke with spoke passionately about providing people with a high standard of care.

Supporting people to express their views and be involved in making decisions about their care

- Although the people using the service were unable to verbally communicate their views, staff told us they would always do their best to involve people in decisions about their care. One staff member told us, "People communicate in different ways. We work with the person and their relatives to ensure they are included in how their care is delivered."
- Relatives told us they felt listened to. One relative told us, "The staff listen to what I have to say, they will also ask for my opinion."

Respecting and promoting people's privacy, dignity and independence

- People's privacy was respected by staff. One relative told us, "The staff always respect [Person's Name] privacy. They ensure doors are shut and [Person's Name] and I've never observed them talking about other people they are caring for."
- Staff told us they tried to encourage, where possible, people's independence. One staff member said, "We know what people can do for themselves, care is not about doing everything for them, we promote their independence by encouraging and being patient with things they can do."
- People's dignity and privacy was respected. For example, staff told us they were discreet when supporting people with personal care tasks and gave us examples of how they would preserve people's dignity.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were personalised and clearly guided staff as to how people would like their care delivered. One staff member told us, "The care plans give me all the information I need to support people."
- People's likes and dislikes and needs and preferences were clearly documented in care plans and staff knew people well. One relative told us, "The staff know [Person's name] very well, I don't need to tell them their likes and dislikes."
- The provider demonstrated to us their electronic care management system, which had a good level of information available, which could be updated with any changes and then staff advised.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- There was information in place to enable the provider to meet the requirements of the Accessible Information Standard (AIS). If required, care plans were available in different formats such as large print. In addition, each person's care plans included a section about their individual communication needs. For example, information was recorded about any visual problems, people unable to communicate verbally, and instruction for staff about how to help people communicate effectively.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to engage in their interests. For example, people were supported to watch their favourite television shows or music playing during care calls.

Improving care quality in response to complaints or concerns

- A complaints policy was in place and this was followed.
- Where people or relatives had complained, the registered manager had investigated their concerns, spoken with those involved and taken action where necessary.
- People and their relatives were comfortable with raising and concerns with the registered manager. One relative told us, "Any issues that arise can be sorted by speaking to the manager. However, if I needed to make a formal complaint I would do so and I'd have full confidence it would be dealt with."

End of life care and support

- The service specialised in providing end of life care and received input from the appropriate healthcare professionals. Care plans did contain some information around end of life care but required more information in relation to people's individual wishes regarding their end of life care.

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 our last inspection in February 2019 we rated the registered provider as 'Requires Improvement' in this question and they were in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found progress had been made and the provider was no longer in breach. At this inspection this key question has improved to Good. This meant 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

- People spoke highly about the care they received and of the way the service was run.
- One relative said, "[name of registered manager] and [Name of director] are very approachable. They check in to make sure everything is going well."
- Staff at all levels were committed to providing people with a high standard of care which was tailored to their needs and preferences.

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

- People were supported by staff who were trained and motivated to carry out their role.
- Staff received regular supervisions where they had the opportunity to discuss their role and performance.
- Staff training, skills and competence were regularly monitored through observations of their practice and regular refresher training.
- Staff were aware of the whistleblowing procedure and said they would use this if the need arose.
- In accordance with their legal responsibilities, the provider had informed us about significant events which occurred at the agency within required timescales.

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

- Management completed quarterly feedback telephone calls to gather people's opinions on how the service was performing. Responses we saw indicated people were happy with the service.
- A relative told us, "We have received phone calls and the managers have visited our home to gather our feedback. They listen to any suggestions we have."
- There were regular meetings for staff where their views were encouraged. Staff told us they felt valued and their views were respected.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider promoted an ethos of openness and transparency which had been adopted by all staff.

- There was learning where things went wrong and open discussions with people and their relatives.

Continuous learning and improving care

- There were effective procedures in place to monitor and improve the quality and safety of the service provided. These included a range of audits, seeking the views of people who used the service and monitoring the skills, training and competence of the staff team.
- The provider's policies and procedures were regularly reviewed to ensure they complied with current best practice and legislation.

Working in partnership with others

- The agency worked in partnership with other professionals and organisations to achieve good outcomes for people. This included healthcare professionals and hospitals.