

MiHomecare Limited

MiHomecare - Ilford

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We inspected Mi Homecare Ltd on 7 June 2017. We gave the provider 24 hours' notice of our inspection to make sure the appropriate people would be there to assist us with our inspection. Mi Homecare Limited is a domiciliary care service based in Ilford, Essex. The service provide personal care and support to approximately 120 people in their own homes. Staff support people using the service with a wide range of needs, including assistance with personal care, domestic tasks, shopping and making meals.

On the day of the inspection, the service had a registered manager 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.

We received mixed responses about the service from people who use it. While some people were happy with the level of care provided, others were not.

People were at risk of receiving poor support because there was a lack of specific risk assessments. They did not give guidance to staff about how to manage and mitigate risk for people such as the use of bed rails. Support plans were not personalised and lacked detail. The service had not identified the issues we found at the time of inspection.

Detailed support plans were not in place and records were not always updated following changes in people's needs. People were supported by staff if needed, to access support from healthcare professionals where required. We found that medicines were not always administered safely by staff.

The service had systems in place to monitor the quality of the service provided through seeking people's feedback and carrying out spot checks. However, these were not sufficiently robust as they had not identified the issues we found during our inspection. An overview of where improvements were required was not undertaken in order to make improvements.

Staff received sufficient training, supervision and yearly appraisals of their work and performance. Staff had a basic understanding of the application of the Mental Capacity Act (2005). We found recruitment checks were in place to ensure new staff were suitable to work at the service. Staff had positive views about the leadership and staff culture of the service.

People and their relatives told us they felt safe using the service. Staff knew how to report safeguarding concerns. The provider carried out checks to ensure that staff employed were of good character.

Staff were generally deployed in a way that people received care from consistent staff. People told us that they got along well with staff that knew them well.

People who used the service and their relatives told us the staff were caring. Staff respected people's privacy and dignity and encouraged them to maintain their independence.

People and their relatives knew how to make a complaint, these were satisfactorily dealt with by the management team. Staff felt supported by management and felt able to approach them with any concerns.

We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Risks assessments for people using the service did not provide guidance to staff about how to manage risks. Medicines were not managed safely.

People and their relatives felt there were enough staff available to meet their needs.

Staff were recruited appropriately.

People and their relatives told us they felt safe. Staff were aware of the safeguarding and whistleblowing procedures and knew how to report any concerns.

Is the service effective?

Good ●

The service was effective.

People received care and support from knowledgeable staff who received on-going training to meet people's needs.

Staff received supervision and appraisals to reflect on their working practices and enhance their skills.

Staff were aware of their roles and responsibilities in line with the Mental Capacity Act 2005 [MCA]. People's consent to care and treatment was sought prior to care being delivered.

Staff supported people to access health care professionals when needed.

Is the service caring?

Good ●

The service was caring.

People told us the regular staff who supported them were caring and treated them with respect and dignity.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Support plans were not personalised and lacked detail about how people wanted their care to be delivered.

People knew how to raise their concerns and complaints. The service ensured people had a copy of the complaints procedure in their homes.

Is the service well-led?

The service was not always well-led.

Quality monitoring and quality assurance systems were in place but were not always effective.

Staff feedback about management was positive.

The registered manager sought feedback on the delivery of the service via quality assurance questionnaires and telephone monitoring.

Requires Improvement 

MiHomecare - Ilford

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.

The inspection took place on 7 June 2017 and was announced. The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure the manager would be available to meet us.

The inspection was carried out 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.

Prior to the inspection, we looked at notifications the provider had sent us, information sent to us from health care professionals and feedback from members of the public. The registered manager also sent us a Provider Information Return (PIR). The PIR is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make. We looked at the information the provider had submitted.

During the inspection we spoke with four care staff, the registered manager and the service's quality and performance manager. We looked at six staff files, support plans, medicine administration records, complaints file and other documents related to the management of the service. After the inspection, we spoke with seven people who used the service and ten relatives to seek their views about the service.

Is the service safe?

Our findings

We asked people receiving support if they felt safe when they used the service. Comments included, "Yesthey just do make us feel safe" and "Yes, the ones I have them in the morning they are regular ones, they are fine. They always ask if there is anything else they can do." Relatives commented "[The person] is safe" and "Definitely safe."We found concerns with the way people's medicines were managed and how risks to people had been assessed and acted upon.

Medicines were not managed safely. A medicine policy and procedure were in place. Staff completed medicine administration training and were aware of the procedure to follow. We were informed by the registered manager that the staff prompted or administered medicines and that this was identified in the support plans. Most people told us they were happy with the support they received with regards to their medicines. However, we saw in two people's support plans, conflicting instructions about whether the person required their medicine to be prompted or administered by staff. The support plans we looked at did not clarify whether staff were to prompt medicines or administer them to people. We discussed this with the manager and care coordinator who agreed that further clarification was required on all the files in relation to this.

We also looked at the medicine administration records [MAR] for people who were supported to receive medicines. The Mar charts we looked at did not have the name of the medicine, dosage or frequency documented. The registered manager told us that staff administered or prompted medicines which were dispensed using the monitored dosage system or blister packs. A separate list of medicines was seen on people's files. It was unclear whether this was the most up to date list. We also found MAR charts that had been signed by staff from Monday to Sunday, however the support plan said support was required from Monday to Friday. We also found instances where staff had failed to sign the MAR and had not used the correct coding system to note action taken.

There were gaps on MAR charts with 'x' marked for certain days when the medicine had not been dispensed by the staff. However, there was no explanation on the MAR chart or daily notes about why people had not received their medicine. One person's medicine profile stated the person was to receive their medicine twice a day, morning and night, to be administered by the staff. However, the MAR was being signed as though they received their medicine once a day and we found a cross(x) on the MAR chart for night time. We were informed by the registered manager that this was because the person's relative administered their night time medicine. For another person, we found several gaps on the MAR chart. There was no explanation to indicate if the medicine had been taken by the person. We were informed by the registered manager that the person had been away for a few days, hence the gaps. This was not clarified and updated in the support plan or MAR chart for the people.

We saw that care coordinators undertook medicine audits and these had been signed by them as up to date. However, the issues identified above had not been picked up by them and it wasn't clear from their audit what, if any action was taken. Hence, there were missing entries, missing signatures and incorrect codes used on the MARS reviewed. This meant that people were at risk of unsafe management of medicines.

We reviewed the generic risk assessments. The service supported people with dementia and other health needs. The care files we looked at, did not have a risk assessment in relation to medicine administration and the risks posed to people if they did not receive their medicines as prescribed. There was a lack of clear guidance about what actions staff should take to minimise risks around medicine management. Hence, the instructions to staff were not clear. This could potentially result in people not receiving their medicine and could have a detrimental effect on their health.

We found that some of the risk involved in delivering people's care had been assessed by the care coordinator, in areas such as moving and handling and environmental risks which may be harmful to people's safety. In the files we looked at, we found that specific risk assessments related to a risk factor for individuals were not in place to ensure that people's safety was being maintained during delivery of care. For example, how staff should handle a person who had challenging behaviour due to dementia and another who had diabetes with associated health issues. We saw that people used bed rails to prevent falls, however, there was no risk assessment for this. As part of the care planning process, it is essential to identify all risks associated with a person's care and support needs. These should include environmental risks as well as people's personal risks, such as use of bed rails, risk of falls, medicine management and health management. This helps to minimise and mitigate the risks to ensure the safety of the person and the staff. Therefore, the provider had failed to adequately risk assess people's individual needs and develop sufficient strategies to manage risks. Both the above concerns mean that this was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and their relatives told us there were enough staff available to meet people's needs. We received mixed responses from people and their relatives about late or missed visits. Comments included, "Pretty much on time yes. I think about twice (missed visits) in all the time I've been having them. I had one missed call one evening. They didn't ring so we were rather cross. They apologized when they came. They have rang once or twice to say that they will be late which is obviously the thing to do." Another relative said, "About 3 months ago they never turned up on a Friday but turned up on the Monday." "Yes several (missed visits) when they just didn't turn up. (. (We asked if they contacted the office and they told us they didn't. People informed us that were not happy with the evening and weekend care service, the lack of consistency of staff and not being contacted by the provider when the staff were running late. We spoke with the registered manager about the timing and allocation of people's care visits and the changing staff. The registered manager acknowledged people did often see different care workers but said this was inevitable if people had numerous visits a day, seven days a week. They also told us the service tried to complete visits at the times people preferred but due to emergency situations or traffic, this was not always possible. We recommend the provider reviews staffing levels, how staff are deployed, communication systems and the allocation of staff to care calls, to ensure that staffing levels are appropriate and people's needs are met in a timely manner by consistent staff.

The registered manager told us that staff were responsible for informing the office if they were running late. They acknowledged there had been a small number of late and missed visits. The service used assistive technology to help monitor rotas and visits. The quality assurance manager told us about the steps that were planned with a view to reducing the level of missed visits. The service used an electronic monitoring system (EMS) using mobile phones which would carry up to date rotas, so staff would always have an accurate rota including additional visits. The software would automatically alert office staff if someone had not turned up for a visit. In principle this system should reduce missed visits. We will check the progress of this at our next inspection. We saw missed visits were taken seriously and the causes investigated and appropriate action taken by the management team.

Staff were aware of the provider's safeguarding policy including those of the local authority safeguarding

services and the whistleblowing policy. Staff were able to outline the different types of abuse and how these may present in someone's behaviour. They told us they report any concerns to the office. All staff received safeguarding training and refresher updates were planned. Lessons were learned from safeguarding incidents and shared with staff through supervision meetings and newsletters.

We looked at six staff records for newly recruited staff and found all new employees were appropriately checked through robust recruitment processes. Checks were in place from the Disclosure and Barring Service (DBS) to establish if staff had any criminal records which would exclude them from working in this setting. References and DBS checks were confirmed before staff started work at the service. Each file also contained two written references and records of their interview. Employees had provided photographic identification which had been copied and stored on file. This meant new care workers employed were suitable to work with people who needed support.

Is the service effective?

Our findings

We received mixed responses from people and their relatives about staff competence. People commented, "Some of them do (know what to do) and some don't. They're not trained at all, most of the time you have to tell them what to do." Another person said "Oh yes, I have no complaints there." Relatives commented, "Well they are supposed to know. The ones who come regularly, they do know, some people who don't know I have to come and tell them, which is understandable." Another relative said, "Yes I think so I think they are quite good."

During the inspection we found that staff had received only one supervision in 2015 and one in 2016; it was clear that this was not carried out consistently. However, we found that staff had started to receive regular supervision since March 2017, after a new registered manager was appointed. Supervision gives staff the chance to discuss any areas of concern within their role, areas for development and is an opportunity for the staff member to receive feedback within their role. The registered manager had a formal structure in place for ensuring all staff received regular supervision with their care co-ordinator to review and assess their work practice.

The registered manager informed us that care coordinators undertook unannounced spot checks on staff to review their practice. We saw that staff had received this on the files checked. A spot check is an observation of staff performance carried out at random by senior staff. Their findings were fed back to staff to help them improve their work performance. Care workers told us and records confirmed that, they had received annual appraisals to assess their competence.

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 make particular decisions any made on their behalf must be in their best interests and as least restrictive as possible.

People and their relatives were involved in decisions about their care and it was only provided where they accepted this. The staff and registered manager had completed training about the MCA. They recognised the importance of involving people as far as possible in decisions about their care and not assuming that living with dementia automatically rendered people unable to make decisions. They understood they could not force care on people. If people declined care, staff offered this again later; if people persistently refused, staff reported this back to the office, who would liaise with the relevant care professionals to carry out a mental capacity assessment. Where there were concerns about people's mental capacity to consent to aspects of their care, mental capacity assessments and best interests decisions were made through the care management process. We were informed by the registered manager that where there were issues around "capacity", people's appropriate representative, had signed support plans. We recommend that the provider reviews the way they seek consent to ensure that only people who are legally authorised to do so, consent to care on a person's behalf.

All new staff completed an induction in line with the new skills for Care Certificate, which replaced the National Minimum Training Standards and the Common Induction Standards for Health and Social Care workers. The Care Certificate was developed jointly by Skills for Care, Health Education England and Skills for Health and brought into force in April 2015. It is a set of minimum standards that social care and health workers work towards in their daily working life and sets the new minimum standards that should be covered as part of induction training of new staff. All new staff undertook a day of shadowing with an experienced member of staff to support their introduction into the role. In addition to the Care Certificate, the staff induction process involved an induction about the company and their personalised policies and procedures. Training was delivered via a mix of e-learning and class room based sessions.

Records showed that staff received relevant training to enable them to support people. Staff attended training in topics and subjects which were relevant to their roles. This included training in medicine administration, infection control, moving and handling, fire safety, health and safety and food hygiene and preparation. The majority of training was delivered by an accredited in-house trainer. Senior managers monitored training to ensure staff were up to date with their training needs and attended refresher training to update their skills and knowledge. However, we saw that staff who supported people with complex needs had not received appropriate training in areas such as epilepsy awareness, dementia, challenging behaviour and diabetes awareness. This means that staff did not have sufficient skills and knowledge to competently support people with these needs. The service's quality and performance manager informed us that this will be arranged for relevant staff as soon as possible.

Staff were also encouraged to contact the office if they had any queries or concerns. Comments from staff included, "They are supportive (management). If we had problems we can call at any time and we can get them." "I can call [care coordinator] at any time if I have any issues. I feel supported."

People's care was planned and delivered to maintain their health and well-being. People's care records included the contact details of their GP so staff could contact them if they had concerns about a person's health. We saw that where staff had more immediate concerns about a person's health they called their relative or emergency services to support their health care needs.

People were supported at lunchtime to access the food and drink of their choice. Much of the food preparation required staff to re-heat food and ensure that it was accessible to people who used the service. Staff had received training in food safety and were aware of safe food handling practices.

Is the service caring?

Our findings

People told us that the staff who supported them regularly were caring. We received mixed responses from relatives. Comments included, "Majority of them I would say yes" and "They are good but there is always room for improvement." Another relative said, "They wasn't talking to [family member] , they were talking to one another instead of talking to [them]. The continuous care people told them to talk to [my family member], that's what they are supposed to do."

People were supported in a way which protected their dignity and staff were respectful of people's home environment. People felt staff respected their dignity at all times. One staff member said, "Yes we treat people with dignity." Staff explained they protected people's dignity, for example by discreetly positioning a towel over them when assisting them to dry themselves after a shower, or allowing them privacy when assisting them to use the toilet.

Staff had developed caring relationships with people and demonstrated they knew people`s routines and preferences well. People told us they were offered choices and these were respected which helped them to feel they retained their independence. For example, people were able to say the gender of care staff they wanted to assist with personal care or what clothes they wanted to wear. We saw people were supported with same gender staff where this was requested.

We asked the staff how they promoted people's independence when they supported them. They gave examples of encouraging people to assist with their personal care or to mobilise themselves with their assistance. A staff member told us "We give them a chance to do things for themselves, encourage them to be independent." This meant staff supported people to remain independent by encouraging them to do the tasks they could manage.

Equality and people's diversity was respected and promoted. Records showed people's cultural needs in relation to the foods they enjoyed and their specific language needs.

The service provided people with a 'service user guide' when they started receiving support from the agency. The service user guide included the person's care plan and important information about their support, as well as information about the service, such as contact details, a service structure chart, how to make a complaint, what they could expect from their care worker and fees payable.

The registered manager told us that nobody who currently used the service was supported by an independent advocate. They were aware of how to access advocacy services within different local authority areas, should this be necessary. Relatives and staff advocated on people's behalf about minor issues, to ensure their human rights were protected.

Is the service responsive?

Our findings

We received mixed responses from people about their care and support. People told us that the support they received mostly met their needs and that their regular staff team knew them well, although other people were not so positive about the responsiveness of the service.

Relatives told us that the service was variable depending on the skills and experience of the staff and if they attended regularly. People and their relatives were consulted about the care and support they required at the initial assessment stage, by the local authority who then made a referral to the service and provided them with a list of people's support needs.

We were informed by the registered manager that they carried out a home visit within 48 hours of receiving a referral, to carry out their own assessment of people's needs and develop a care plan. We looked at seven people's personal records. In each, there was a local authority assessment and a basic support plan provided by them.

During the inspection, we found that support plans were variable, were not always personalised and not consistently completed. We saw that the plans were basic and included how many staff were required to support people and the tasks they were required to complete. They outlined people's basic needs such as mobility, food and nutrition and personal care. The service had recently begun to review support plans. We saw three support plans which were comprehensively completed.

However, support plans related to people's specific needs had not always been completed. People who received support to take medicines did not have accurate medicine support plans in place. We saw that the service supported people living with dementia and health conditions such as diabetes. However, the files we looked at did not contain a personalised care plan that set out people's specific health needs and how staff were to meet them in an individualised manner. For example, for one person living with dementia, there was no reference about the signs and symptoms which people with dementia may display or guidance about how staff should communicate with them in a way they understood in order to provide the care they needed. Another file stated that a person had diabetes, glaucoma and required assistance with foot care as well as assistance with medicine administration. They required support from two care workers. Their care plan did not give details to staff about how to provide individualised care to the person in a way that met their specific needs. Another person's care records said that they needed catheter care, but there was no supporting plan about how staff should provide this. There were no associated risk assessments in place, raising their awareness and guiding staff about how to mitigate these.

Assessments of people's needs and the subsequent development of personalised support plans which give guidance to staff about people's specific care needs and how best to support them are key requirements in ensuring people received care and support in accordance with their identified needs and wishes. This was a breach of Regulation 9 (Person Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

A complaints policy and procedure was in place and was given to people when they first began to use the service. People and their relatives were aware of how to make a complaint. We looked at the complaints log and found that complaints were logged and had been responded to with an outcome. People and their relatives said they had raised concerns with the registered manager and were satisfied with the response. People were aware of the contact details of the office and had access to a copy of the complaints procedure. Information on complaint outcomes was relayed to staff via the staff newsletter to drive improvement. Relatives told us that when they had raised any issues, these had been addressed in a timely manner by the registered manager.

Is the service well-led?

Our findings

People and staff were positive about the management of the service. One person said, "I don't really have any complaints. I can phone up and ask to speak with a manager if I want." A relative told us, "I have no complaints at the moment. I ring the office if I need to sort anything out and they ring back."

During this inspection, we saw that some audits and checks were in place but these were not sufficiently robust to identify and address the issues we found at our inspection. The auditing system had not identified the discrepancies we found in relation to the recording of people's medicines, clear guidance was required in people's risk assessments and all support plans needed to be fully reviewed, updated and personalised. This meant that systems were not effectively operated to monitor and improve the quality and safety of the services provided to people. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated activities) Regulation 2014.

The registered manager and the care coordinators carried out spot checks on staff and undertook telephone monitoring to ensure they received care in line with good practice. One person told us, "Someone from the office called and asked if I was happy with my carers." A staff member told us, "They [care coordinators] come any time, we get feedback on what they've seen." We looked at the service records and found spot checks were recently undertaken by the care co-ordinators. However the registered manager was informed that these need to be accurately undertaken. Spot checks looked at staff conduct, engagement and roles.

The service sought feedback on the service provision via quality assurance surveys. One person told us, "Yes I think we had a survey." The service sent out annual quality assurance questionnaires to people and their relatives to improve the service delivery. The questionnaires looked at all aspects of the service delivery, for example, the quality of care provided, carer's professionalism, communication and involvement in care planning. Once completed an action plan was developed to address any concerns that were highlighted.

The registered provider had policies and procedures in place for the service. Policies were available to staff in order for them to be assisted to follow best practice. This ensured staff had access to up-to-date information and guidance.

The service did not hold team meetings, however the registered manager informed us that these will be introduced. Staff told us that they were kept informed about organisational issues via a weekly newsletter. This provided an opportunity for staff to keep up to date with any changes and improvements made by the service. Staff told us they felt supported by the management team and supported each other so that they were aware of any issues.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The provider did not always ensure that people who use the service received person centred care that was appropriate and met their needs.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Systems were not in place to ensure the proper and safe management of medicines within the service.</p> <p>Appropriate measures were not followed to ensure that risks were consistently assessed.</p> <p>Staff were not aware of action to take to mitigate such risks.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had not ensured that sufficient quality assurance and governance systems were in place to recognise and make any required improvements in the service. Records were not always maintained effectively.</p>