MiHomecare Limited

MiHomecare - Hersham

Inspection report

336 Molesey Road
Hersham
Surrey
KT12 3PD

Tel: 01932223050
Website: www.mihomecare.com

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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

The inspection took place on 15 July 2016 and was announced.

MiHomecare - Hersham provides care and support to people in their own homes. The majority of people who use the service are older people, some of whom are living with dementia. The service provided care and support to 164 people at the time of our inspection.

There was no registered manager in post at the time of our inspection. 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 and associated Regulations about how the service is run. A new manager had taken up their post shortly prior to our visit. The manager told us they would apply for registration with the CQC.

People who were supported by regular staff were satisfied with the care they received. They trusted their care workers and had confidence in their ability to provide the care they needed. Some people said the quality of care was affected when their regular care workers were unavailable and they were visited by replacement care workers. They told us this was because some replacement care workers had not been given enough information about their needs before they visited them.

People told us they felt safe when staff provided their care. They said their care workers made sure they were comfortable when delivering care and support. People and their relatives told us that care workers maintained the security of their homes when they visited. Risk assessments had been carried out to protect people receiving care and the staff supporting them. There were plans in place to ensure that people would continue to receive care in the event of an emergency.

The provider's recruitment procedures helped ensure they employed only suitable staff. Staff had received training in safeguarding and knew how to recognise the signs of abuse. People and their relatives told us staff helped them take their medicines safely. People told us that their care workers took appropriate action if they felt unwell.

People's rights were protected because their care was provided in accordance with the Mental Capacity Act 2005 (MCA). People told us they had been asked to record their consent to the care they received and that staff always obtained their permission before providing their care. The manager understood the principles of the MCA and ensured that people who may lack capacity received support to make decisions about their care.

People told us their care workers were kind and caring. Relatives said their family members regular care workers knew how they preferred their care to be provided. People told us they were treated with dignity and respect. They said their care workers listened to what they had to say and respected their wishes. Relatives told us their family members' care workers supported them to be as independent as possible and

maintained their dignity when providing their care.

People's needs had been assessed before they began to use the service. An individual care plan was developed for each person following their assessment. People told us their care plans reflected their individual needs and that their regular care workers were willing to be flexible in the support they provided. Staff told us they had the time they needed to provide people's care at each visit.

The provider had appropriate procedures for managing complaints. Most people had not needed to complain. Some people who had complained in the past were not satisfied with the agency's response. The new manager was aware of some people's dissatisfaction the response to their complaints and had taken steps to encourage people who used the service and their relatives to give feedback about the service they received. The new manager advised that the management of complaints would be assessed regularly as part of the provider's quality assurance systems.

Some aspects of the service had not been well-managed in the past. People had not received a consistent service and staff had not been well supported. Quality monitoring systems had not been effective in identifying areas for improvement. With support from the provider's regional manager and quality and performance manager, the new manager had put plans in place to address these concerns. The new manager had improved the communication with people who used the service, their relatives and other stakeholders. Quality monitoring reports had been introduced and shared with the local authority. The support provided to staff had improved with the introduction of regular management supervision.

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.

Staff provided care and support safely.

Risk assessments had been carried out to protect people receiving care and staff.

Staff attended training in safeguarding and knew how to report concerns if they suspected abuse.

People were protected by the provider's recruitment procedures.

People were supported to take their medicines safely.

Is the service effective?

Good

The service was effective.

Staff had an induction when they started work.

The support provided to staff had improved with the introduction of regular supervision.

People's care was provided in line with the Mental Capacity Act 2005.

People received appropriate support with eating and drinking where they needed it.

Care workers monitored people's health and welfare effectively.

Is the service caring?

Good

The service was caring.

Care workers were kind and caring.

People's regular care workers knew their preferences about their care and support.

People were supported in a way that promoted their independence.

Is the service responsive?

Good

The service was responsive to people's needs.

People's needs were assessed before they began to use the service to ensure the agency could provide the care they needed.

Care plans were individualised and people receiving care were encouraged to contribute to them.

Some complaints had not been responded to appropriately in the past. The new manager had improved opportunities for people to give feedback about the service and procedures for managing complaints.

Is the service well-led?

Good

The service was well-led.

Some aspects of the service had not been well-managed in the past. The new manager had put plans in place to address these concerns.

Communication with people who used the service, their relatives and other stakeholders had improved. Quality monitoring reports had been introduced and shared with the local authority. The support provided to staff had improved.

MiHomecare - Hersham

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 was 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 15 July 2016. The provider was given 48 hours' notice of our visit because we wanted to ensure the manager was available to support the inspection. One inspector carried out the inspection.

Before the inspection we reviewed the evidence we had about the service. This included any notifications of significant events, such as serious injuries or safeguarding referrals. Notifications are information about important events which the provider is required to send us by law. We also reviewed the Provider Information Return (PIR) submitted by the provider in June 2016. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we visited the agency's premises and spoke with the manager, the regional manager and the provider's quality and performance manager. We checked care records for five people, including their assessments, care plans and risk assessments. We checked five staff recruitment files and other records relating to the management of the service, including staff training and induction, the complaints log and quality monitoring checks.

After the inspection we spoke with 16 people that used the service and five of their relatives by telephone to hear their views about the care and support provided. We spoke with eight care workers about the support and training they received to do their jobs and a field care supervisor.

This was the first inspection of the service since its registration with the CQC.

Good

Is the service safe?

Our findings

People told us they felt safe when staff provided their care. They said their care workers made sure they were comfortable when delivering care and support. One person told us, "I do feel safe. My regular carer is very good, she's always very careful." Another person said, "I trust the girls to provide my care safely."

People and their relatives told us that care workers maintained the security of their homes when they entered and left the premises. They said the arrangements for ensuring security had been discussed with them by the provider. Care workers told us they were given information about how to maintain the security of each property they visited and to ensure people were safe when they left. One care worker said, "We are told about the arrangements for getting access to each property. Often it's a key safe. We are told to keep the key safe numbers secure."

The provider carried out appropriate checks to help ensure they employed only suitable staff. Prospective staff were required to submit an application form detailing qualifications, training and a full employment history along with the names of two referees and to attend an interview. The provider interviewed care workers applying for work from abroad via Skype. The provider had obtained references, proof of identity, proof of address and a Disclosure and Barring Service (DBS) check for staff before they started work. DBS checks identify if prospective staff have a criminal record or are barred from working with people who use care and support services. Where care workers had been employed from abroad, the provider had obtained a criminal record check from their country of origin.

People were safe because care workers had received training in safeguarding and knew how to recognise the signs of abuse. Safeguarding training was delivered in the induction for new staff and staff had signed to record their understanding of the provider's safeguarding policy. Care workers told us the provider had reminded them of their responsibilities to report any concerns they had about abuse or people's safety. One member of staff told us, "I have done safeguarding training. I would know what to look out for if I suspected someone was being abused." Another member of staff said, "We've been trained on safeguarding and whistle-blowing. I'd report it to the manager if someone I was visiting was being abused or neglected."

There were plans in place to ensure that people's care would not be interrupted in the event of an emergency, such as adverse weather or travel disruption. The manager had identified the people most at risk, such as those living alone, and put plans in place to prioritise the delivery of their care in the event of an emergency. The manager told us a plan had been drawn up to minimise disruption to services during a forthcoming major sporting event which would entail road closures.

Care co-ordinators had carried out risk assessments to ensure that people receiving care and the staff supporting them were kept safe. We saw that risks to people had been assessed in areas such as mobility, falls and fire safety. Risk assessments considered any equipment used in the delivery of care and the environment in which the care was to be provided. Guidelines had been produced for staff about how to minimise any risks involved in the delivery of people's care. Incidents and accidents were recorded, along with the action taken to minimise the likelihood of a recurrence.

The manager had introduced a weekly risk meeting for care co-ordinators and field care supervisors. The manager said this meeting would be used to check any current risks were being managed appropriately and to identify any future risks to the delivery of the service. The manager told us any changes in people's needs that may require additional staffing and/or reassessment would also be discussed at this meeting.

Some people's care involved support with medicines administration. People and their relatives told us staff helped them take their medicines safely. One person said, "They know the tablets I need and they always remind me to take them." A relative told us, "The staff make sure Mum gets her medicines on time, they are very good like that."

Staff responsible for administering medicines had been trained in this area and their competency had been assessed. Staff told us the training they attended had equipped them with the skills they needed and that their practice was checked regularly. One member of staff said, "I have done medication training and how we give medication is checked regularly when we have spot checks." Another member of staff told us, "The [medicines] training was good and we can always contact the office for advice if we need to."

Staff recorded the medicines they had given to each person on a medicine administration record. Medicine administration records were regularly returned to the office for audit to ensure people were receiving their medicines as prescribed.

Good

Is the service effective?

Our findings

People who received their care from regular staff were satisfied with the care they received. They said they trusted their care workers and had confidence in their ability to provide the care they needed. One person told us, "My carers are very good. They know me very well and how I like things done. It saves having to explain things over and over." Another person said of their regular care workers, "I think they are well trained. They always seem to know what they are doing. We have two carers and one of them is always very experienced so they can teach the other one if necessary."

Some people told us the quality of care was affected when their regular care workers were unavailable and they were visited by replacement care workers. They said this was because some replacement care workers had not been given enough information about their needs before they visited them. People told us some replacement care workers had not been briefed on their care plan or the tasks they needed to be done. They said that, as a result, they had to explain to replacement care workers how they preferred their care to be provided.

We recommend that the provider review and improve the arrangements for briefing care workers before they begin to provide people's care.

Staff told us they had an induction when they started work, which had included shadowing an experienced colleague to observe and learn from their practice. One care worker said, "I did get an induction before I started. I did quite a lot of shadowing to make sure I knew the clients." Another care worker told us, "We got a lot of training at the beginning. It's very helpful if you're new to care." An experienced care worker said they had experience of new colleagues shadowing them. The care worker told us they were expected to ensure new care workers were confident and competent before they provided care without supervision. The care worker said, "I have new staff shadowing me. I make sure they know what they are doing before they go out on their own."

Staff files provided evidence that care workers had attended a formal induction, each element of which had been signed off on completion. Elements of the induction included dementia awareness, duty of care, infection prevention and control, medicines management, food hygiene, nutrition and hydration and First Aid. The manager told us that all staff joining the agency in future would begin work towards the Care Certificate when they started. The Care Certificate is a set of nationally recognised standards that all care workers should demonstrate in their practice. The manager said the provider would deliver the training required to achieve the Care Certificate and that all certificates would be signed off by the manager.

Ongoing refresher training was available in core areas such as moving people safely, fire safety and health and safety. The manager told us that some staff were not up to date with their refresher training. The manager said this had been identified as a shortfall by the current management team and plans had been put in place to ensure all staff were up to date with their refresher training.

Staff told us they had not been well supported in the past but the new manager had improved the support

they received. They said they had not had access to regular one-to-one supervision before the new manager's arrival. Several care workers told us they had attended a one-to-one supervision with the manager in recent weeks and found the process useful. They said they had been encouraged to raise any issues that concerned them or in which they needed support. One care worker told us, "We get regular supervision now, which we didn't before. I think it's good, it's your chance to speak up." Another care worker said, "I've just had supervision. It was good. You can say what you want, talk about anything you need to."

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 can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA.

People's rights were protected because their care was provided in accordance with the MCA. People told us that they had been asked to record their consent to the care they received. One person told us, "I have signed consent forms. I'm certain staff wouldn't do anything without my permission." Another person said, "They always ask me before they do something, they're very good like that."

Care workers had received training in the MCA in their induction and understood the importance of gaining people's consent to their care. One care worker told us, "We do ask for people's consent before we do things. That's all done when we draw up the care plans." Another care worker said, "I wouldn't do anything unless the client wanted me to. We need to be guided by them." The manager understood the principles of the MCA and ensured that people received support to make decisions about their care if they needed it. The manager told us if there was any doubt about a person's capacity to consent to their care, a mental capacity assessment was carried out. This assessment considered the support people needed when decisions about their care were being made.

People's nutritional needs were assessed during their initial assessment and any dietary needs recorded in their care plans. Where people needed assistance with eating and drinking there was a care plan in place to outline the support they required. People told us they were satisfied with the support they received to eat and drink and the way in which care workers prepared their meals.

People told us that their care workers took action if they felt unwell. They said care workers contacted the office, who liaised with the person's family or GP. One person told us, "If I wasn't well, I know care staff would help me. They'd take me to the GP or the hospital if they had to." The manager said told us care staff had been told to share information with office staff promptly if they identified changes in people's needs or health to enable office staff to contact the person's family or relevant healthcare professional.

The manager gave us examples of how office staff had liaised effectively with healthcare professionals including a district nurse and speech and language therapist to ensure people received the care they needed. We found evidence in care plans that care workers had raised concerns with the manager when they believed someone to be unwell and that office staff had communicated with the person's family, GP and a tissue viability nurse regarding the person's care.

Good

Is the service caring?

Our findings

People told us their care workers were kind and caring. One person said, "My regular carers are lovely. They will listen and make sure you get what you need." Another person told us, "On the whole, they're very good and kind; my regular girls are brilliant." Relatives provided positive feedback about their family members' care workers. They said care workers were caring in their approach and sensitive to their family members' needs. Relatives told us that their family members regular care workers knew how they preferred their care to be provided. One relative told us, "Her carers are friendly and kind. She enjoys their company." Another relative said, "They are very kind. They are all nice people."

People were satisfied that they were treated with dignity and respect. They said their care workers listened to what they had to say and respected their wishes. One person told us, "They treat me like an adult" and another person said, "They do listen and respect what I have to say. My opinion matters to them." People told us their care workers asked them if they were happy with their care and whether there was anything else they needed to be done. They said their care workers ensured their privacy was respected when they were receiving care and maintained their dignity when providing personal care.

Relatives told us their family members' care workers supported them to be as independent as possible and treated them with respect. One relative said, "Mum likes to do things for herself where she can and they support her with that." Another relative told us, "They are very respectful of him and his property." Care workers told us the provider had instilled in them the importance of supporting people to maintain their independence.

People told us they were as involved in planning their care as they wished to be. They said they were involved in developing their care plans and that these reflected their preferences about their care. Relatives told us they had been consulted about their family member's care and the guidance for staff about how to provide it. Relatives said they were consulted about their family members' ongoing care needs and that the provider contacted them if their needs changed.

The provider had produced a corporate statement on how people's confidential and private information would be managed and who may have access to it. The induction attended by all care workers included sessions about maintaining people's privacy and dignity, data protection and confidentiality. People had access to information about their care and the provider had produced information about the service. People were issued with a statement of terms and conditions when they began to use the service which set out their rights and the service to which they were entitled.

Good

Is the service responsive?

Our findings

People's needs had been assessed before they began to use the service to ensure the agency could provide the care they needed. Where people's care had been commissioned by a local authority, the assessment carried out by the authority had been shared with the provider.

Following the initial assessment, an individual care plan was developed for each person. People and their relatives told us they had been encouraged to be involved in developing their care plans. The care plans we checked were person-centred and individualised. They provided guidance for staff to enable them to provide the support required at each visit, for example personal care, meal preparation, shopping and cleaning. Care plans also specified any equipment involved in providing the person's care.

People told us their care plans reflected their individual needs and that their regular care workers were willing to be flexible in the support they provided. One person said, "I would say the care plan is tailored to what I need. It's very clear to them [staff] what I can and can't do. If I ask them to do more if I'm having a bad day, they'll do it." Another person told us, "If I ask them to do anything extra, they are happy to do it."

Care workers told us the provider made sure they had time to provide people's care if their needs changed. They said that if they noticed a change in a person's needs, they reported this to the care co-ordinator or the manager, who would adjust the visit time accordingly. One care worker told us, "If there isn't enough time to deal with someone's care, I can speak to the care co-ordinator and they will look at extending the visit."

The provider had appropriate procedures for managing complaints. People were given the provider's written complaints procedure when they began to use the service. Most people told us they had not needed to complain and those who had complained were satisfied with the agency's response. Two people said complaints they had made in the past had not been resolved to their satisfaction. They said they had contacted the manager about their concerns but this had not achieved the outcomes they wished for. One person told us, "I did make a complaint a while ago but I never heard anything back. I took it to the management but never got a proper response." Another person said, "I have complained to the management in the past. My concerns were sorted out at the time but it became a problem again."

We discussed the management of complaints with the new manager of the service. The new manager was aware that some people had been dissatisfied with the agency's response to complaints under the previous management regime. The new manager had taken steps to improve communication with people who used the service and their relatives and to encourage them to give feedback about the service they received. The new manager advised that the investigation of and the response to complaints would be analysed regularly as part of the new quality assurance systems to be introduced.

Good

Is the service well-led?

Our findings

Feedback from people who used the service, relatives and staff indicated that some aspects of the service had not been well-managed in the past, which had affected the care provided to people and the support provided to staff. Some relatives told us they did not have confidence in the previous management of the service and that there had been a lack of consistency in how the service was run. They said they had made their concerns known to the management in the past but no action had been taken to resolve their dissatisfaction.

The previous manager had recently left the service and a new manager had taken up their post shortly prior to our visit. The new manager had previously held a registered manager post at another service and told us they would apply for registration with CQC to manage this service.

There was evidence that the new manager had made improvements since taking up their post. Staff told us they had not been well supported in the past but that the new manager had shown a willingness to engage with and support them that had been lacking previously. Staff said the manager had made clear their expectations in terms of standards of care and encouraged staff to share their views about how the service could improve. One member of staff told us, "It's much better now under the new manager. It's a much more caring place to work." Another member of staff said, "I think it's a lot better now. The new manager is fantastic." A third member of staff told us, "The management has got a lot better lately. I think the new manager will definitely make changes."

The manager demonstrated an awareness of the shortfalls in the service provided to people and a commitment to addressing these issues. The manager told us they aimed to improve communication with people who used the service and their relatives, staff and other stakeholders. The manager had sent a letter of introduction to people and their relatives and introduced weekly meetings at which people had an opportunity to discuss the service they received. The manager had met with the local authority and agreed to submit weekly reports detailing any shortfalls in service delivery, such as missed or late calls, complaints and safeguarding issues, and how they were being addressed.

Although relatives said the previous management of the service was poor, they told us that office staff, such as care co-ordinators, listened to any problems they had and tried to find a solution. One relative said, "The office people give a good service. I can talk to them and they'll listen and try to sort things out." Another relative told us, "The staff in the office are really good. They do listen and take on board what you have to say." People told us they were contacted by staff from the agency's office for feedback but most said they had not received questionnaires or satisfaction surveys. One person told us, "The agency contacts me to ask if everything is going okay but I haven't been asked for my views formally." Another person said, "The agency keeps in touch but I haven't filled out a questionnaire or survey."

Field care supervisors carried out unannounced spot checks to ensure care workers were meeting the standards required of them. Field care supervisors checked how care workers engaged and communicated with the person they were supporting, whether they treated people with respect and promoted their

independent and whether they used appropriate moving and handling techniques. Spot checks were also used to check that care workers completed all elements of the care plan and whether their care notes were of an appropriate standard. A field care supervisor told us, "When I do spot checks, I ask about health and safety, manual handling, respect and dignity. I check how they communicate with the person. I also check the care plans to make sure they are up to date and how they have been recording the care."