

Mi Casa Care Ltd

Mi Casa Care Ltd Devon

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 ●

Summary of findings

Overall summary

About the service

Mi Casa Care is a domiciliary care agency which provides personal care to people living in their own homes in the Taunton, Wellington and Bridgwater areas of Somerset. The service has only been operating since the beginning of November.

At the time of the inspection the agency was providing personal care for fifteen people and employed five members of staff. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

People, relatives and professionals praised staff and said they were very caring and compassionate. Staff knew each person as an individual, and what mattered to them. People said they were treated with dignity and respect and staff promoted their independence.

People said they felt safe and well cared for and that the service was reliable. Staff had received safeguarding training and knew about the different types of abuse, and ways to protect people.

People's care was personalised to their wishes and preferences and took account of their personal circumstances, although individual care records could be more detailed. People were consulted and involved in decisions about their care.

People received consistent support from well-trained staff who knew them well. People praised the quality of service they received and told us they would recommend it to other people who required this type of support. Incidents were used as opportunities to learn and improve.

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 made sure people's legal rights were respected.

The agency was well led by the registered manager who was also a director of the company. They worked alongside staff in day to day practice and sought feedback from people and staff to continually improve. The service worked well with other health and social care professionals to support people.

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

This service was registered with us on 27/11/2018 and this is the first inspection.

Follow up

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

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.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Mi Casa Care Ltd Devon

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

One inspector visited the service.

Service and service type

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

Notice of inspection

This inspection was announced. We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the registered manager would be in the office to support the inspection.

What we did before the inspection

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 reviewed information we had received about the service. We used all of this information to plan our inspection.

During the inspection

We visited three people receiving the service and spoke by telephone to two people and three relatives to ask them about their experience of the care provided. We looked at three people's care records.

We spoke with the registered manager and with five members of staff which included three care staff and two office staff. We looked at systems for recruitment, induction, supervision and at staff training records. We also looked at quality monitoring records relating to the management of the service such as 'spot checks' and feedback. We sought feedback from commissioners, and health and social care professionals who worked with staff. We received a response from three of them.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated as Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Staffing and recruitment

- People felt safe with the staff who supported them. One person said, "I feel safe with them."
- The agency had sufficient staff to meet people's needs. People were supported by a small team of staff they knew and trusted. Where people required two members of staff to assist them, this was provided.
- The provider minimised the risks of abuse to people by ensuring all new staff were thoroughly checked before they began working with people. People were protected because all staff received training on how to recognise and report signs of abuse. Staff said they would not hesitate to report any concerns and were confident the registered manager would take action to make sure people were protected.
- The registered manager recognised signs of abuse and made the local authority safeguarding team aware of any potential concerns, so these could be followed up.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- The registered manager involved people and families in undertaking risk assessments and staff understood ways in which they could minimise risks for people. For example, preventing falls by encouraging a person to use a handrail in the bathroom and by keeping another person's home tidy and clutter free. However, written instructions for staff about how to minimise risks could be more detailed. For example, relating to moving and handling, prevention of falls and pressure ulcers.
- Accidents and incidents were reported by staff and analysed by the registered manager. This enabled them to learn from events and share that learning with staff. For example, by providing additional training to staff about the safe use of moving and handling equipment.

Using medicines safely

- People who needed help to take prescribed medicines were supported by competent staff. Staff received training in the safe administration of medicines and were assessed to check they had the knowledge and skills to administer medicines safely.
- Staff kept clear records of any medicines administered and understood what support each person needed. However, written care plans could make clearer what level of support each person needed.

Preventing and controlling infection

- People were protected against the risk of the spread of infection because staff received training in infection control and understood the importance of hand washing to prevent cross infection.
- The registered manager made sure staff had access to personal protective equipment such as disposable gloves to prevent cross infection.

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.

This is the first inspection for this newly registered service. This key question has been rated as Good. 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 before they started using the service to ensure they could be met. Evidence-based assessment tools were used to assess people's moving and handling, nutrition, and skin care needs.
- People's care and support needs were regularly reviewed with them as their needs changed. However, care plans needed a bit more detail to make clear what aspects of care people could manage themselves and what they needed help with. For example, in relation to support with catheter care.

Staff support: induction, training, skills and experience

- People were well cared for by staff that had the knowledge and skills to meet their needs. All new staff completed an induction period and worked alongside the registered manager and other experienced staff. This ensured they had the knowledge and skills needed to independently care for each person. If staff were new to care, they had to complete the care certificate, a nationally agreed set of standards.
- Other staff had experience and qualifications in care and received regular training which included online and face to face training. For example, moving and handling, infection control and safeguarding.
- Staff felt well supported in their work and had opportunities to receive feedback through supervision and 'spot checks.' This is where a more experienced member of staff observes them working in a person's home to check their interpersonal skills and competencies.

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

- People were helped to access healthcare services and care staff supported people with any recommendations. For example, applying prescribed creams each day to help keep a person's skin healthy.
- Care staff monitored people's on-going health conditions and sought professional advice appropriately from GP's, district nurses and physiotherapy services. For example, the registered manager arranged for an occupational therapist to visit a person to see if they might benefit from mobility equipment to help them move around more safely.
- Professional feedback we received showed staff recognised changes in people's health, sought professional advice appropriately and followed that advice. For example, when they identified deteriorating mobility or signs of an infection. A professional said, "So far, they have been brilliant, the registered manager is easy to get hold of and we get lots of feedback."

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

- People said staff offered them drinks and meal choices and made sure they had drinks and snacks within reach before leaving. Staff were aware of people's likes and dislikes and any dietary restrictions. For

example, related to their diabetes.

- To encourage two people to drink, staff suggested they used a drinks dispenser, so those people could top up their drinks more easily after care staff had left. This helped improve their health and avoid dehydration.

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.

- Staff sought people's consent before delivering any care or treatment. For example, about whether they wanted a wash or a shower and to seek agreement for any assistance needed.
- Staff understood the principles of consent. For example, about a person's right to make choices, even if others may consider those choices unwise. Also, about ways to help people to understand risks and benefits in making any choices. A relative said, "They respect [person's decision], even if they are refusing care."
- Where people had memory problems or their capacity fluctuated, staff worked with people and families, legal representatives and professionals to agree decisions in their best interest. However, the documentation for capturing this information was confusing and hard to follow. We discussed this with the registered manager and made them aware of local authority documentation which might help them address this.

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.

This is the first inspection for this newly registered service. This key question has been rated as Good. 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; Respecting and promoting people's privacy, dignity and independence

- People and relatives praised staff and described them as very caring and compassionate. Comments included; "I trust them with everything," "I look forward to them coming," and "They are all nice."
- People said staff treated them with dignity and respect, protected their privacy and supported them sensitively with their personal care needs. For example, closing curtains and covering them with a towel, during personal care.
- Staff knew people well and had developed good relationships with them. Staff demonstrated a positive regard for people in their interactions with them. For example, when a person became upset, a staff member knelt on floor to make eye contact and comforted them with a reassuring touch.
- Staff demonstrated positive regard for people in their day to day work. For example, rearranging a person's living space, by cleaning and decluttering it for them in their own time. This improved the person's comfort and their ability to move around and helped their wellbeing.
- Staff received training on equality and diversity and were respectful about the beliefs and choices of the people they supported.
- Staff used their knowledge and local contacts to advocate for people. For example, liaising with relatives who lived abroad, and contacting social services on people's behalf, when their care and support needs had increased.

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

- People were visited before they began to use the service. This enabled them to express their wishes about the support they would like to receive and who they would like to be supported by.
- People and families were involved in making decisions about their care, day to day and through regular reviews of their care.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated as Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; 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 received care that was personalised to their wishes and preferences. People's comments included; "They are wonderful, so professional. I look forward to seeing them every day," "It's a joy. They can't do enough." A relative appreciated their help and support. They said, "It helps me a great deal to have someone there to share queries, so I don't feel so responsible."
- Staff were responsive to people's needs. For example, a person they started supporting hadn't been able to shower for six months. The registered manager contacted an occupational therapist to request a visit. The therapist provided extra equipment and advice to staff about safest way to help the person into the shower. This meant the person was able to start using the shower again, which they were delighted about.
- A health professional said, "The service really helps us getting people home from hospital." Another professional appreciated that staff rearranged their visits, which meant a person had more visits at regular intervals, when their spouse was admitted to hospital.
- People's care plans gave staff basic information about their care needs and what areas they needed staff to support them with. However, these needed to be developed further to give staff clearer guidance. For example, about moving and handling needs, individual preferences and about each person's family, previous careers, interests and hobbies. However, our conversations with the registered manager and staff showed they knew a lot more about each person's needs and preferences than was currently captured in their care records. We discussed this with the registered manager who planned further improvements to include more detailed information.
- Staff supported people to maintain relationships. For example, by helping them keep in touch with friends and relatives. Also, by arranging with social services for a relative with full time caring responsibilities to have a break. This meant the person's relative could leave the house and do essential tasks such as food shopping, knowing the person had company and was safe.

End of life care and support

- Currently the service was not supporting anyone with end of life care. Where people had expressed any advanced decisions about resuscitation or end of life care wishes, such as funeral arrangements, these were recorded.
- The registered manager was currently looking at the training and support staff would need to provide effective end of life care to make sure people were kept comfortable and pain free. They were also looking at developing end of life care plans.

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.

- People's communication needs were identified, recorded and highlighted in care plans. For example, whether people needed glasses to read and information about any hearing impairments.
- At the time of the inspection no one required information to be made available in specific formats. However, the provider said they could provide personalised information to people, if needed. For example, by reading it to them, or producing the information in a larger font or easy read format.

Improving care quality in response to complaints or concerns

- People and relatives told us they knew how to complain if they needed to. There was guidance available in each person's home about who to make a complaint to, if required. So far, no complaints had been received.
- One person said, "I'm quite happy with everything. I have confidence in them." A relative said, "I've no complaints but would feel able to raise any concerns."

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.

This is the first inspection for this newly registered service. This key question has been rated as 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; 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 registered manager created a culture which put people first and was caring and supportive to families. The aim of the service was 'Supporting you to live your life your way.' They were committed to providing care of a high standard tailored to people's individual needs. They set high expectations about standards of care, worked alongside staff and led by example.
- People's and relatives' comments included; "It's a joy. They can't do enough," "I'm quite happy with everything. I have confidence in them," and "The service is reliable, I'm quite happy at the moment."
- Staff understood their roles and responsibilities and were accountable for their practice. They knew people well, care was person-centred and focused on people's health and well-being. Staff worked well as a team and said they felt well supported. Staff comments included; "[Name of manager] has a 'hands on' approach, is always responsive, very approachable," and "[Name of manager] is a really good role model," and "We're appreciated."
- The registered manager understood the requirements of duty of candour that is, their duty to be honest and open about any accident or incident that had caused or placed a person at risk of harm. Where mistakes were made, they were open and honest with people and families and made improvements.

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

- People were supported by a provider who had systems to monitor quality and plan on-going improvements. The registered manager worked alongside staff which enabled them to monitor staff competence and the quality of care provided.
- The service used an electronic care planner system which provided daily information about visit times, length of visits, so any concerns could be followed up immediately. Staff could also use the system to alert office staff of any changes to people's needs or medication changes, so further action could be taken. Regular audits of care records, medicine administration records and 'spot checks' were carried out, so any issues were identified and addressed through further staff training and support.
- The registered manager was aware of their regulatory responsibilities and notified the Care Quality Commission about any incidents, deaths and any safeguarding concerns.
- People's care records were kept securely and confidentially, and in accordance with the legislative requirements.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People and relatives' feedback, views and suggestions were regularly sought through regular telephone contact and face to face reviews. A relative said, "They are always in touch and checking in. You can talk to person in charge, they listen and do their best."
- Staff felt able to make suggestions and felt listened to through daily contact with the registered manager, one to one supervision and at staff meetings. For example, minutes of staff meetings showed changes being made to visit times in response to people's feedback, staff discussions about people's medication, equipment and their changing needs. Also, about further training needs.

Continuous learning and improving care; Working in partnership with others

- The registered manager had a background in care and in training. They kept up to date with latest developments through regular training updates and by using the Skills for Care website. Currently, they were developing further face to face training for staff, including obtaining equipment for staff to practice using. For example, specialist continence products.
- The registered manager worked in partnership with community local authority and health professionals such as social workers, GP's and other health professionals to make sure they were providing a service which was responsive to each person's need.
- Professionals told us the service was well-led. They said the registered manager was proactive, worked closely with them and gave them regular feedback. They also said feedback from families was the service was friendly and person-centred.
- The registered manager received regular updates from the Care Quality Commission about regulatory matters. We discussed the statement of purpose and service users guide, which set out the services on offer. The registered manager explained some of the services outlined in this document, such as assistive technology and monitoring, were not yet available. This meant the document needed to be updated to reflect the current services available.