MiHomecare Limited

MiHomecare Brockley

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?	**Requires Improvement**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on 22 November and 2 December 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be in.

We last inspected the service on 20 and 23 October 2015 and found the service required improvement in each domain inspected. We made three recommendations about recording known risks and documenting accurate information.

At this inspection we followed up on the recommendations made and to see whether the registered provider had made improvements to the service. We found the service had made some improvements but had not met all the standards of the regulations.
Mihomecare Brockley is a domiciliary care agency that provides personal care and support to people in their own homes. At the time of the inspection there were 469 people using the service.
There was a registered manager in place. 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.

People were not always protected from unsafe medicine management. The service demonstrated unsafe medicine management in relation to recording, auditing and administration of medicines. There was no evidence to confirm people received their medicines as prescribed. Systems and processes did not identify issues in a timely manner.

People did not always receive care and support from staff that acted in a person centred manner. People reported staff were using their mobile phones to make personal calls, whilst delivering care.

People did not always know how to raise their concerns and complaints. The service ensured people had a copy of the contact numbers in their homes in order to raise a concern or complaint. The service responded to complaints and lessons learned shared throughout the service.

People were protected against the risk of harm and abuse. Staff were aware of the different types of abuse and how to appropriately report their concerns. Staff received on-going safeguarding and whistleblowing training. The service submitted safeguarding notifications to CQC in a timely manner.

People were protected against identified risks. The service had developed risk assessments that identified risks, action to be taken to minimise risk and the impact of the risk on people. Staff were given clear guidelines on how to support people when faced with the risk. The service recorded incidents and accidents and where possible lessons were learned and shared with staff to minimise a reoccurrence or trend.

People received care and support from sufficient numbers of safely recruited staff to meet their needs. Staff underwent robust recruitment checks including, Disclosure and Barring Services [DBS] checks, two references and interviews prior to gaining employment. People's consent to care and treatment was sought prior to care being delivered. People's decisions were respected.

People received support from staff that underwent all mandatory training to meet their needs. Staff were encouraged to highlight training needs and received both classroom based and E:Learning training. Staff received safeguarding, medicine management, moving and handling and Mental Capacity Act 2005 [MCA] training. Staff were encouraged to reflect on their working practices through frequent supervisions and annual appraisals. Staff were aware of their roles and responsibilities in line with the MCA and how raise their concerns regarding people's fluctuating capacity. The service carried out regular mental capacity assessments and shared their findings with health care professionals and relatives.

People were supported to access sufficient amounts to eat and drink that met their preferences and dietary requirements. People were encouraged to participate in the planning and execution of their meal as agreed in their care plans.

People received care planning that was person centred and tailored to their individual needs and preferences. People were encouraged to contribute to the development of their care plans which were reviewed regularly to reflect people's changing needs. People were protected against the risk of social isolation by staff that were aware of those signs and how to report their concerns.

People received support from a registered manager that operated an open door policy whereby people, their relatives and staff could meet with her when convenient to them. The registered manager was approachable and actively encouraged partnership working with health care professionals.

The registered manager questioned the service through spot checks and quality assurance questionnaires to drive improvement. Issues identified were then actioned in a timely manner in order to reach a positive resolution.

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. People were not always protected against the risk of unsafe medicine management.

People were protected against the risk of harm and abuse as staff had sufficient knowledge and understanding of how to identify and report suspected and actual abuse. Staff received on-going safeguarding and whistleblowing training.

People were protected against known risks. The service carried out risk assessments which gave staff clear guidance on how to safely support people.

People received support from sufficient numbers of staff to meet their needs.

Is the service effective?

Good

The service was effective. People received care and support from skilled and knowledgeable staff that 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.

People were supported to access sufficient amounts of food and drink that met their preferences and dietary requirements.

Is the service caring?

Requires Improvement

The service was not always caring. Not all people received care and support from staff in line with good practice.

People did not always receive care and support from staff that respected their privacy and dignity and encouraged their independence

People and their relatives were encouraged to make decisions

about the care and support they received and had their decisions respected.

Is the service responsive?

Good

The service was responsive. People received care and support that was person centred and tailored to the individuals needs.

People were encouraged to make choices about the care they received and had their choices listened to and respected.

People were encouraged to participate in activities that met their needs as agreed in their care package.

People did not always know how to raise their concerns and complaints. The service ensured people had a copy of the contact numbers in their homes in order to raise a concern or complaint. The service responded to complaints and lessons learned shared throughout the service.

Is the service well-led?

Requires Improvement

The service was not always well-led. The service did not always carry out audits of the service. Medicine audits were not always completed or identify issues. This meant that issues were not always addressed and actioned in a timely manner.

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

The registered manager actively encouraged partnership working from other health care professionals.

MiHomecare Brockley

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 22 November and 2 December 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be in.

The inspection was carried out by two inspectors 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.

During the inspection we spoke with 26 people, four relatives and nine care staff. We looked at 16 staff files, 16 care plans, medicine administration records, complaints file and other documents related to the management of the service. After the inspection we spoke with the registered manager and a health care professional.

Requires Improvement

Is the service safe?

Our findings

People were not protected against the risk of unsafe medicine management. The service did not demonstrate good practice in relation to some aspects of medicine management. One staff we spoke with told us, "Improvement on the medicine administration records [MAR] is needed. Training needs to be clearer as the MAR were changed from six monthly to monthly records. That transition could have been done better." At the time of the inspection there were 187 people who had their medicines administered by staff and 36 who required prompting from staff to take their medicines. During the inspection we asked to look at the medicine administration records [MAR] for people that were supported to receive medicines. The service did not keep everyone's completed MAR on file. We raised this with the registered manager and the area manager, we were told that either the MAR was kept in people's homes or these had been filed and stored with an external archiving company and therefore were not easily accessible.

We looked at eight people's MAR available to us and found significant recording errors. We found seven MAR charts did not have the name of the medicine, the route, dosage or frequency documented. However staff had signed to say that they had administered the medicines. Another person had a medicine profile that stated the person was to receive their medicine twice a day, however the MAR was being signed as though they received their medicine three times a day. One person's MAR stated staff were to administer medicines that had been placed into medicine pots by their relatives. We looked at the service's medicine policy and found they did not follow their own policy regarding secondary dispensing. We spoke with the registered manager and the area manager to express our concerns and asked them to take immediate action to address our concerns. This was confirmed by the service during the inspection and the impact of unsafe medicine management had been reduced for this person with immediate effect.

We found instances of staff failed to sign the MAR and this not being identified in the medicine audits. Audits did not pick up what the real issues were with the MAR's nor did it check whether medicines had been given correctly. This meant that it was impossible to tell if people were receiving their medicines as prescribed. After the inspection we requested the service send us additional MAR charts for review. We found significant errors. The service has subsequently sent us a detailed action plan to address our findings in a timely manner. This meant that the immediate risks to people had been reduced and action taken to minimise the risk of further incidents of this nature.

These issues are a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations (2014).

Staff were aware of the correct action in reporting medicine errors. One staff told us, "I would contact the office if I noticed an error. I wouldn't give the person the medicines, I would also contact their relative." One person told us, "Yes they [staff] administer them. They [staff] put the tablets in the pill cup and hand them to me to take. I don't know of there being any errors." Another person said, "I don't need any help with medicines. On the odd occasions I do need help, they [staff] will help me with my eye drops. I don't have any concerns about that aspect." A relative told us, "I always administer [relatives] medicine myself."

People were protected against the risk of harm and abuse. One person told us, "Of course I am protected with the staff I have." Another person said, "Yes indeed I do feel safe, it's all about reliability." Staff were aware of the providers safeguarding policy including those of the local authority safeguarding services and whistleblowing policy. Staff were able to outline the different types of abuse and how these may present in someone's behaviour. One staff told us, "I would report any concerns I had to the office, I'd do it immediately." Another staff said, "You have to report abuse. I would talk to the office, if they didn't listen or take action, I'd go higher." All staff received safeguarding training and regular refresher updates, which included an assessment of staff competence around safeguarding. Senior staff attended safeguarding training hosted by the local authority. Lessons were learned from safeguarding incidents and shared with staff through supervisions and newsletters.

People were protected against identified risks. One person told us, "I have lots of risk assessments, the staff don't talk to me about them, as I don't want them to." Staff demonstrated knowledge of risk assessments and the need to notify the office should they identify new risks. We looked at people's risk assessments and found these looked at risks relating to the environment, moving and handling, falls and mobility, skin integrity and dietary risks. Risk assessments were reviewed regularly and gave staff clear guidance on the impact of the risk and how to reduce the impact.

Staff were aware of the correct action to take in order to safely respond to accidents and incidents. The service recorded accidents and incidents and where possible learnt from them to minimise the risk of reoccurrence. Action taken in response to incidents and accidents was recorded and shared with the registered manager. The registered manager told us that the area manager reviewed the level of incidents and accidents regular to identify any trends and give guidance and support.

People received care and support from suitable numbers of staff to meet their needs. One person told us, "Having a weekly rota posted to you means you know who's coming into your house". Another person said, "So far, the same carer has come nearly every day and it's another regular one on the other days." Staffing levels were determined by the number of people using the service and their needs. The registered manager told us, and staff confirmed, "We have on-going contracts as agreed with the local authority. If we are unable to deliver care we would let the local authority know and not take that care package on. At present we have sufficient numbers of staff to meet people's needs." The service sent people a copy of their individual rota so that they were aware of what time they could expect a call and who the allocated staff member was. We did receive mix reviews about the frequency of receiving the rota, however people were aware that delays or changes to the rota were due to staff absence and traffic.

Good

Is the service effective?

Our findings

People were supported by staff that underwent regular training to meet their needs. We received mixed feedback when asking about staff's knowledge and skills. One person told us, "I think that staff know what they are doing because the office are so good about finding out what you need." Another person told us, "My carer appears to have training, he/she's the master of fixing anything I get wrong." However one person told us, "I have no problems until my carer is off, then they send in the 'flying squad'. Any Tom, Dick or Harry who doesn't know their foot from their elbow. I'm lucky that it doesn't happen often." Staff spoke positively about the training they received. For example one member of staff told us, "We have lots of refresher training and I could ask for additional training if needed." Another staff said, "I've found the training useful." A health care professional told us, "I have no reason to believe the service is not effective." Records showed all staff received on-going training in all mandatory training, for example, safeguarding, medicines management, health and safety and Mental Capacity Act 2005 [MCA].

People received support from staff that underwent induction training to meet their needs. One staff told us, "The induction was helpful. I had two days office based training and then three days of shadowing staff." Another staff said, "It was quite a relaxed atmosphere and it lasted several days. We were then tested on what we had discussed over the course of the induction." A third staff said, "After the induction we had two full days shadowing. We went to people's homes that matched the needs of the things we had covered in induction." All staff confirmed they were not allowed to work alone until they had completed a period of shadowing and supervision to ensure they were competent to lone work. Inductions consisted of the roles and responsibilities of staff and the service expectations, safeguarding, manual handling and other aspects of their role.

People received support from staff that reflected on their working practices. Staff received on-going supervisions and annual appraisals whereby they reflected on their roles and responsibilities, what they did well and areas they may require additional support and training. One staff told us, "The supervision reviews are really helpful, you learn about your strengths and weaknesses and you can ask for extra training." Another staff said, "I find supervisions useful and it's nice to get feedback from people." A third staff said, "Supervisions give you motivation. I would think I could ask for an extra supervision if I needed one." Records confirmed staff received regular supervisions and appraisals.

People received support and guidance from staff that were aware of the Mental Capacity Act 2005 [MCA] and their responsibilities in line with legislation. The 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. One staff told us, "We are there to help people to make decisions, sometimes they may not be able to, then we need to inform the office and their relatives." Another staff said, "If someone's capacity is a cause for concern you must inform the office and let them know." The service clearly documented people's level of capacity for specific decisions and the outcome of the assessment. Best interest meetings took place when people's capacity was deemed as lacking.

People's consent to care and treatment was sought prior to care being delivered. One person told us, "They [staff] always ask what I want, they ask for my consent." Staff were aware of the importance of seeking consent before delivery care. One staff told us, "I always introduce why I'm there [at the person's home] and explain what I'm there for, then I ask if that's ok. We must always seek consent and if it isn't given offer an alternative solution before informing the office."

People were supported to access sufficient amounts of food and drink that met their dietary requirements and preferences. One person told us, "I decide on my food, they [staff] buy and prepare it. I'm very happy as it's what I want to have." Another person said, "My relative cooks my food and the carers heat it up and if it needs cutting up they do that. It's always arranged so that I can eat it myself, sometimes I need different cutlery but they [staff] always get what I need." A third person told us, "We [staff] prepare some meals together and they [staff] help me sort a take away if I want one." Staff were aware of the importance of monitoring people's health and nutrition and concerns were shared with health care professionals.

Requires Improvement

Is the service caring?

Our findings

People were not always treated with dignity and respect. We received mixed feedback regarding staff's conduct in relation to delivering care, for example, one person told us, "My carer does seek my consent but also has an idea as to whether the answer will be yes or no." Another person said, "They [staff] always ask what I want, they ask for my consent." However four people told us staff would engage in private telephone conversations when they were meant to be providing personal care. One person told us, "Staff do talk on their mobile phones." Another person said, "They [staff] do chat on their own phones a bit but I don't really mind." A third person told us, "I did report my concerns about the staff talking to their relative on the phone. I asked that the carer not return but they were then put on my rota again. I have raised this with the office." Staff supervision records and monthly newsletters showed staff were reminded to conduct themselves in a professional manner and ensure they only spoke in English. During the inspection we spoke with staff who demonstrated awareness of maintaining people's dignity and treating them with respect at all times. One staff said, "I always make sure I keep people covered up when I'm assisting with personal care." Staff training covered caring for people with dignity.

We recommend that staff follow guidance from a reputable source on conduct in service users homes.

People received care and support from staff that demonstrated compassion and kindness. One person told us, "I'm happy because they [staff] have got to know me". Another person said, "I have two outstanding carers, I can't fault them". A third person said, 'I have had the same carer twice a week for about ten years. No complaints, they're lovely. If I had I'd have let the office know." A relative told us, "My relative needs a lot of care and my carers are so respectful of him/her. They always chat even when relative can be difficult with dementia. The staff seem to understand and treat relative as a human being, that's so important to him and to me".

People were encouraged to maintain their independence where appropriate. One person told us, "I struggle to help myself with washing but my carer helps me to help myself." Another person told us, "I do most things for myself, the staff let me get on with things myself, but will help me if I do need it." Staff supported people to maintain their independence and gave people reassurance they were able to do things for themselves which helped raise their self-esteem. One staff told us, "We encourage people's independence as much as we can." Should someone's independence decrease the service would share this information with the local authority and where agreed an increase in care provision was provided.

People had their confidentiality maintained and respected. One person told us, "My carer's totally aware of confidentiality and honesty." Staff were aware of the importance of respecting people's confidentiality. One staff told us, "You don't talk about things that are private to others that do not need to know." The service ensured confidential records were kept securely with only those who had authorisation having access to them.

Good

Is the service responsive?

Our findings

People received support and care from staff that had access to clear guidance on how to respond to their care needs. People were encouraged to participate in the development of their care plan and share their views, preferences and likes on how they wanted to receive care and support. One person told us, "They [office based staff] come and discuss things I need and if there are any changes to my care plan, every few months. They always ask if I'm happy – and I am." Another person said, "My plan is reviewed annually but they [staff] come every three months to ask how things are and I know I can ring anytime if things need changing." A third person said, I was involved in writing my care plan." One staff told us, "The care plan is the bible of our work, it tells us what should and should not happen and what people's needs are and how we meet them." Another staff said, "We [staff] do what's in the care plan, we do not deviate from it. We have to notify the office of any changes, the supervisor will then come out and do a review of the care plan." Care plans documented people's contact information, medical history, key information on what was important to them and objectives of care. Staff told us they always read the care plans in depth when a new person required care and support, and throughout their subsequent visits. Staff were aware of the importance of documenting any changes required within the care plan, which they shared immediately with the office and field care supervisors. Care plans were regularly reviewed to reflect people's changing needs.

People were encouraged and supported to participate in activities of their choice. One person told us, "Staff do my shopping and it's a really safe system for my money." Another person said, "My carer takes me shopping, we went yesterday so that I can choose my meals. [Staff member] is very patient with me as I am rather slow." A third person told us, "The staff goes to the market for me as I like cultural things from there." Staff told us, "We can take people shopping if it's agreed in their care plan." Another staff said, "I support one person to attend a class at a leisure centre." Staff supported people to go shopping, attend day centres, post office visits and attend the cinema.

People were supported to make choices about the care and support they received and had their choices respected. One person told us, "Yes, they [staff] do ask what I want. I don't change things that much, but the staff respect my choices. Another person told us, "I am offered choices." Staff were aware of the importance of offering people choices and respecting people's decisions. For example, what level of support people wanted during the visit, what they wanted to wear or eat.

People were protected against the risk of social isolation. One person told us, "My carer spends time talking to me so I don't feel isolated." Staff were aware of the impact social isolation can have on people and how this may manifest in people's behaviours and presentation. One staff told us, "The person may not have many friends or family, there could be many reasons as to why people can become socially isolated. Its important to speak to the person to understand what the situation is and to try to work out why they are isolated. Gather that information and share it with their relative or local authority. We can always make suggestions on how to access the community."

People were not always aware of the process in raising concerns or complaints. We received mixed feedback regarding people feeling confident in contacting the office about their concerns. For example one person

told us, "I am confident that the office would sort out any problems". Another person said, "I have made a complaint and the office contacted me about it. I'm not sure what their internal process is, but I imagine they were given a reprimand and I'm satisfied with the outcome." A relative told us, "I'm not sure, I don't really know." Staff were aware of how to respond to people who raise a complaint in line with the providers policies, for example, one staff told us, "I would listen to the person's complaints and would tell them I will be informing the office. I would then contact the field care supervisor immediately and write a report." However, we looked at the service complaint file and did not see any evidence of analysis of the type/number of complaints received by the registered manager. We spoke with the registered manager who told us, "The area manager completes a monthly audit of the complaints to see if there are reoccurrences or patterns. An action plan is then developed and the lessons learnt are then shared in the newsletters." We looked at the service newsletters and found this confirmed what the registered manager told us.

Requires Improvement

Is the service well-led?

Our findings

The service was not always well led. The registered manager did not always carry out audits of the service and completed audits were not correctly documented. For example, the service did not complete comprehensive medicine audits. This meant that where errors had taken place these were not identified and action taken to minimise the risk of unsafe medicine management immediately. We looked at completed medicine audits and found two instances whereby errors had been identified and action taken to address the errors. We shared our concerns with the registered manager and area manager during the inspection and asked them to take immediate action to address our concerns.

These issues are a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations (2014).

After the inspection the service sent us an action plan which responded to our immediate concerns and highlighted a timescale by which work would be undertaken to safeguard people from the risk of unsafe medicine management as a direct result of inadequate medicine audits.

We received conflicting statements regarding staff morale. One staff told us, "Morale is low, we see and hear things and the office staff are hard to get through to." Three other staff confirmed they found it difficult to make contact with the office staff. Another staff told us, "The office staff are very good, they always call you back even if it's not until later in the day". Another staff said, "They [the office] could do with more coordinators in the office as they're often busy when you call. They do call back but there can be delays." A health care professional told us, "I know they have changed the way they work so that the branch can become more efficient and effective and have shaken up things to raise staff morale. I think this has definitely worked in their favour and improved their working practices and recording systems." During the inspection we observed staff accessing the office and calling the office to speak with coordinators seeking advice and guidance. We did not find any evidence to corroborate statements made about low staff morale.

The registered manager operated an open door policy, whereby people, their relatives and staff could meet with her to discuss their concerns. One staff told us, "Some staff may not feel [registered manager] is approachable but I believe she is. I think it's a team effort and I believe she needs to listen more, to ensure that we all communicate." Another staff said, "[Registered manager] is definitely approachable. I would like to believe that I would be listened to." A third staff said, "I don't have much to do with [registered manager], I'm fine and have no reason to speak with her. I could approach her if I wanted." During the inspection we observed staff approaching the registered manager for guidance and support.

The registered manager and field care supervisors carried out spot checks on staff to ensure they were delivering 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 told us, "They [senior staff] come any time, we get feedback on what they've seen." Another staff said, "You do get the feedback straight away. You can read and sign it but you

don't get a copy." We looked at the service records and found spot checks were undertaken by office staff two monthly. Spot checks looked at staff conduct and professionalism, overall communication, engagement and role. Records indicated that spot checks were carried out via phone or in people's homes. We found instances whereby staff took immediate action to address topics raised in spot checks and telephone monitoring. For example one person had highlighted they wanted more conversation with their carer. This was then followed up by office staff who contacted the staff immediately and gave advice and guidance.

The service sought feedback on the service provision. One person told us, "I was asked once in the year to give some feedback on the service." The service sent out annual quality assurance questionnaires to people, their relatives and health care professionals to improve the service delivery. The questionnaires looked at all aspects of the service delivery, for example, quality of care provided, carer's professionalism, communication and involvement in care planning. Once the completed plans had been returned, an action plan was developed to address concerns highlighted. For example, the questionnaire identified that some people did not have the up to date contact details and emergency contact numbers. The action plan ensured that all contact details were updated in people's files and circulated in a timely manner.

The registered manager encouraged partnership working with other health care professionals, to improve the service provision. A health care professional old us, "The managers I have met have a strong hand on the helm of the Brockley branch." The registered manager told us, "We have involvement with GP's, district nurses and other health care professionals involved in people's care, to ensure we share good practice and information on a need to know basis. For example, during the best interest meetings, we gather information and guidance to ensure the best interests of the person are met." Records confirmed the service liaised with external health care professionals to seek guidance and support.