

Mi Life Care Services Limited

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Inspection report

7c Earls Way
Thurmaston
Leicester
Leicestershire
LE4 8FY

Tel: 01162698834

Website: www.milifecareservices.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

We inspected the service on 13 May 2016. The inspection was announced. The provider was given 48 hours' notice because the location provides domiciliary care; we needed to be sure that someone would be in. Mi Life Care Services Limited is a domiciliary care agency that provides personal care to people in their own homes. On the day of our inspection the service was supporting 82 people.

The service had a registered manager. 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.

People and their relatives told us that they felt safe. Risks were assessed and managed to protect them from harm. Staff understood what to do in emergency situations. Safe recruitment practices were being followed. Systems were in place to ensure that people received support at the times that they wanted to and this was monitored.

People received their medicines as required. Medicines were administered safely by staff who were competent.

Staff had received training and supervision to meet the needs of the people who used the service. Staff told us that they felt supported. Their competence to do their role was regularly assessed.

People made decisions about their care and the support they received. People were involved and their opinions sought and respected. The registered manager understood their responsibility to ensure people were supported in line with the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS).

People's nutrition and hydration needs were assessed and met. People's health needs were met and when necessary, outside health professionals were contacted for support.

People's independence was promoted and people were encouraged to make choices. Staff treated people with kindness and compassion. People's communication needs were identified and supported.

The care needs of people had been assessed. Staff had a clear understanding of their role and how to support people who used the service. People contributed to the planning and reviewing of their care.

People and staff felt that the registered manager was approachable and action would be taken to address any concerns they may have. People and staff were kept informed of changes to the service and their feedback was sought.

There were systems in place to monitor the provision of service and drive improvement.

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

People and their relatives told us that they felt safe. Risks were assessed and managed to protect them from harm. Staff understood what to do in emergency situations. People received their medicines as required. Medicines were administered safely

Is the service effective?

Good ●

The service was effective

Staff had received training and support to meet the needs of the people who used the service. People were supported to maintain their health and their nutritional and hydration needs were assessed and met.

The registered manager understood their responsibility to ensure people were supported in line with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

Is the service caring?

Good ●

The service was caring

People's independence was promoted and people were encouraged to make choices. Staff treated people with kindness and compassion. People's communication needs were identified and supported.

Is the service responsive?

Good ●

The service was responsive

The care needs of people had been assessed. Staff had a clear understanding of their role and how to support people as individuals. People were involved in planning and reviewing their care. The registered manager had sought feedback from people using the service.

Is the service well-led?

Good ●

The service was well led

Systems were in place to monitor the quality of the service being provided. There were clear lines of communication and people were given the opportunity to have a say on how the service was run. The staff team felt supported by their managers.

Mi Life Care Services Limited

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 checked 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.

We inspected the service on 13 May 2016. The inspection was announced. The provider was given 48 hours' notice because the location provides domiciliary care for people requiring personal care; we needed to be sure that someone would be in. The inspection team consisted of an inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection the provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give key information about the service, to detail what the service does well and improvements they plan to make. Prior to the inspection we reviewed notifications that we had received from the provider. A notification is information about important events which the provider is required to send us by law. We contacted the local authority who had funding responsibility for some of the people who used the service.

We telephoned 13 people as part of the inspection to ask them about the support that they received. We also spoke with one relative of a person who used the service. We spoke with two support workers, one case review manager, the assistant manager and the registered manager. We looked at the care records of five people who used the service, people's medication records, staff training records, four staff recruitment files and other documentation about how the service was managed. This included policies and procedures, staff rota's and records associated with quality assurance processes.

Is the service safe?

Our findings

People told us they felt safe. One person told us, "I only use [my bath] when my carers are here because they can make sure I don't overbalance when I'm using it." A relative told us, "[relative] is safe with the carers."

Staff were aware of how to report and escalate any safeguarding concerns that they had within the organisation and if necessary with external bodies. They told us that they felt able to report any concerns. One person told us that they had needed to do so and had been supported by the registered manager. The registered manager was aware of their duty to report and respond to safeguarding concerns. We saw that there was a policy in place that provided staff, relatives and people using the service with details of how to report concerns and who to. Clear records were kept to evidence what actions had been taken when a concern had been raised.

There was a recruitment policy in place which the registered manager followed. This ensured that all relevant checks had been carried out on staff members prior to them starting work. We looked at the recruitment files for four staff members. We found that all the required pre-employment checks had been carried out before they had commenced work. This meant that safe recruitment practices were being followed.

Most people told us that staff arrived at the agreed times to support them. One person said, "My carers are only really late if they get stuck in traffic, or their previous client has had a problem. My regular carer will usually text me to let me know that she is running late, but if it's a different carer, I will usually wait till about 15 minutes after the time and then I will call the agency to see what has happened. If a carer is late, they will always make sure they stay for the correct amount of time and I never feel rushed when they are looking after me." Another person said, "They can sometimes be late. I would just like it if the agency would call me rather than me having to always chase them as to where she is. Once she is with me, she always takes the time and make's sure that she has time left to make me a cup of tea before she leaves." A staff member confirmed that there had been times when they had been late due to emergencies with their previous client. They informed us that they contacted the office who sent out a replacement staff member.

The times that staff arrived to support people were monitored via an electronic system that alerted office staff if a carer worker arrived late at a person's home. We reviewed call log times and found that they corresponded with the times that people had agreed to receive care. Senior staff at the service audited call times on a monthly basis. We saw that discrepancies had been investigated and addressed. All of the people that we spoke with said that they would value having a small number of regular staff members who they could get to know. One person said, "I had one particularly lovely carer who was with me for some months but unfortunately she left the agency and since that time I've had all different carers. I wish the agency could provide me with just one or two regular carers again." Another person said, "Seeing lots of different carers can be rather difficult particularly when you have to keep explaining to people how it is that you like things to be done but on the whole, they are all very caring and they look after me well." The registered manager told us that they tried to provide the same carers to people and wherever possible match staff to suit people's individual interests, likes and preferences. Staff members confirmed that they

usually only visited the same people but on occasion were asked to provide care to other people that they were less familiar with.

We looked at five people's plans of care and found risk assessments had been completed on areas such as moving and handling, nutrition and skin care. Completion of these assessments enabled risks to be identified and guidance for staff to be put in place to minimise the impact of those risks. Risk assessments had been reviewed and reflected people's changing needs.

People could be assured that they would receive their medicines as prescribed by their doctor. One person told us, "I have a dosset box and my carer will get my tablets out give them to me with a drink and then sign to say that I've had them." The service had a policy in place which covered the administration and recording of medicines. We saw that Medication Administration Record (MAR) charts were used to inform staff which medicine was required and this was then used to check and dispense the medicines. We saw that staff completed training and were also assessed to make sure that they were competent to administer medicines.

Risk associated with the environment, tasks carried out and equipment used had been assessed to identify hazards. Where hazards had been identified measures had been put in place to prevent harm. Where regular testing was required to prevent risk, such as the testing of smoke alarms, these were recorded as having happened within the required timescales. Staff were aware of their responsibility to keep people safe. Senior staff conducted regular reviews of care and risks. Where accidents or incidents occurred records were kept. These included details about dates, times and circumstances that led to the accident or incident. Actions had been taken to prevent reoccurrence.

Is the service effective?

Our findings

Staff had the knowledge and skills to meet people's needs. Staff told us that they received training when they started working at the service that enabled them to understand and meet people's needs. This included manual handling and health and safety training. Staff confirmed that they had completed manual handling training and shadowed more experienced staff members before they had been allowed to support people on their own. We saw training records that confirmed this. New staff were required to complete induction workbooks to show their learning.

The staff training records showed that staff received regular refresher training and ongoing learning. One staff member told us, "I've done quite a few training [courses]." Staff told us that they had attended courses such as, dignity in care and safeguarding and practical sessions with the hoist and slings had taken place. We saw that staff's understanding of the training materials used had been assessed. Staff were required to complete understanding based evaluations after they completed training sessions to demonstrate their understanding. The registered manager told us that they assessed staffs English skills both written and verbal to ensure that they had the ability to understand the requirements of them and meet the needs of people using the service.

The registered manager told us that staff had access to senior support at all times via the client emergency line. Staff confirmed this, One said, "Any concerns I ring the office." Staff received regular supervision and spot checks were carried out to ensure that they were competent to fulfil their role. During supervision meetings staff were asked to review their performance and any issues regarding the support of people using the service were discussed. Their knowledge around safeguarding policies and procedures was also checked. Where an issue had been identified in a staff members practice we saw that appropriate action had been taken to retrain them and check that they had changed their way of working as a result.

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 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.

The registered manager understood their responsibility to ensure that the service met the requirements of the Act. The service had a policy in place to guide staff and they had received training on the subject. One person had a lasting power of attorney agreement in place regarding their finances. This is a legal agreement that allows another person to manage a person's finances. The registered manager told us that they would obtain copies to be kept on file.

Staff gained consent from people for the care they gave. Plans of care provided information about how best to gain consent from people. For example we saw that one care plan advised staff to offer a person a couple of choices rather than 'yes, no' questions. We saw from care records that there were times when people had refused care and this had been respected. People's care plans made reference to their ability to make decisions for themselves. We discussed with the registered manager how they could further involve people in confirming their consent. The registered manager told us that they would do this.

People were supported to have sufficient to eat and drink. One person told us, "My carer will come and make me a sandwich at teatime and she always asks what I fancy in it. She is good and if I am running out of things in the fridge, she will usually tell me so I can add things to the shopping list for when we go shopping later on in the week." Another person told us, "I'm never left without a small jug of water and a glass so that I don't have to struggle if I feel like having a drink before my next carer visits later on in the day." Staff confirmed this. One staff member said, "I make sure they have a drink by their side." People's dietary needs and preferences were documented. We saw that care plans detailed how to support people to remain hydrated and staff followed these.

We saw that people were being supported to maintain good health. Health professionals were contacted in good time when required. A relative confirmed this. One staff member told us, "I've had a couple [of times] where I have had to call an ambulance." The records that the service kept with regard to health professional input were clear and in depth. Staff were clear on the information within these records and used them to ensure that people received the medical care they required. We saw that the support people received had been changed in response to people's health care needs.

Is the service caring?

Our findings

People told us that they were treated with kindness and respect by staff. One person said, "They are all very caring." People's dignity was promoted. One person said, "My carer will always make sure the curtains are closed and the lights are on before she starts and we get me undressed at night. I never have to remind her, it's just something she always does automatically." One staff member told us, "I make sure they are comfortable before I leave." The service had a Dignity charter that all staff and people using the service had access to. This meant that people's privacy and dignity was respected and promoted.

People were given choices about the care they received. One person told us, "My carer will always ask me if I am ready to have my bath in the morning. If I'm not, she will usually get my breakfast ready and do the tidying up in the kitchen first, so that by the time she's done I'll feel like I'm able to get my bath." Another person said, "My carers are lovely and they always make sure that I have clean clothing on every day. They will look in my cupboard and ask me which of one or two outfits I think I'd like to wear that day." Care plans made clear that staff should offer people choices and how best to do so.

People felt that they were listened to and that the things that mattered to them were taken into account and respected. One person said, "I like my baths first thing in the morning so having the carer here to help has made the world of difference to me." Another person said, "I like things to be done in a certain way, I expect it's my age but my carer is very good and will make sure that the jobs are done how I like them." Another person told us, "I certainly think the carers listen to me because I will tell them if they are doing something wrong! It doesn't happen very often but when it does, they will listen and then do whatever it was I needed the correct way." Senior staff employed by the service regularly met with people to check if the support they were receiving was as they wished it to be and if anything needed to change.

People's independence was promoted. One person told us, "The carers have been really good with me encouraging me to do as much as I can." My carers have been working with me so that I have now got to the point where I feel able to get myself up, washed and dressed in the morning without them having to do too much." Another person told us, "I wouldn't have been able to stay at home had it not been for the carers who came in four times a day." We saw a letter of thanks sent to the service. In it the person had written, "Thank you for the help to date, which has enabled me to progress towards regaining my independence." We saw that care plans gave clear instructions to staff about people's abilities and the support they required to maintain their independence.

People's communication needs had been taken into account. The registered manager told us that they tried to match people with care workers who spoke their first language. One staff member told us, "Most of my clients speak [their 1st language]." We saw that a notice had been translated from English to a person's preferred language to ensure that they understood the content. We were told that a translator could be arranged to visit a person along with the assistant manager when they carried out care reviews. We saw in people's care plans that where English was not their first language, at least one of the staff members providing their care must speak their first language.

Is the service responsive?

Our findings

The support that people required was assessed before they started receiving care. Staff understood about people's individual needs. People's care plans included information that guided staff on the activities and level of support people required for each task in their daily routine. One person told us, "I know that there is information about me in my care plan, about what my needs are and also about the things I like." We saw that the level of detail in the care plans ensured staff had all the information they needed to provide care as people wished. For example we saw in one person's daily notes that staff contacted their relative to let them know when they were running low on particular items. This was important to that person as they could become anxious if they ran out of the item.

People were involved in planning and reviewing their care. When asked about care plans one person told us, "I met with [assistant manager] last week and she went through my care plan because it needed updating quite a bit. She took the care plan away and made sure it was brought up to date before she sent it back to me to have a read and then sign." Most people that we spoke with who had been supported by the agency for a year or more, described how they had had review meetings with [assistant manager], who would check to make sure that the care plan was up-to-date and whether any changes were required. One person told us, "I've just had a review of my care with [assistant manager]. I have asked if we can increase a couple of my visits a week to 45 minutes rather than half an hour so there is more time to have a proper bath and hair wash." Another person said, "I have had regular review meetings since I started with the agency nearly five years ago. I can't say as my care has changed much over that time, but I know that if there was something that needed changing, I would only have to pick up the phone to the office and someone would come and visit with me and talk about what changes I needed to have." Everyone we spoke with could describe their care plan. Records reflected that reviews happened regularly, changes to care packages were made as a result and that people were involved.

People were given a choice about the gender of their carers and this was respected. One person said, "I do remember being asked if I preferred female or male carers. I did say that I preferred female carers." People's cultural and religious beliefs were promoted and respected. Where people's religious beliefs prevented them from eating certain foods this was clearly documented. We were told by the registered manager that the [assistant manager] had ensured that they dressed in a particular way when visiting a service user of a particular faith when conducting their care review. This showed that they were respectful of their cultural and religious needs.

Staff were required to record the support that they provided in daily notes. One person told us, "My carers always make sure there is time left for them to fill in the records and sign to say they've been before they leave." We saw that these records were detailed and reflected the support that people had requested. Where staff were required to monitor aspects of people's health and wellbeing we saw that they had done so and recorded this in the daily notes.

People were supported to engage in activities that they enjoyed. One person told us, "My husband and I get picked up twice a week in the morning to go out, so it's important that our carer arrives on time so that we

are ready when our lift arrives. Looking back over the last couple of months, I can't recall any occasions when we haven't been ready to go out on time." Another person said, "I have some hours so that my carer can take me out, to do some food shopping and then some general shopping and I really value these, as it's the only chance I get to go out during the week. It's just nice to be able to have a chat, a change of scenery and some fresh air." Staff supported people to dress appropriately for their day's activities. We reviewed people's care plans which contained details about people's life history's and preferred activities.

People told us that they felt comfortable making a complaint. One person told us, "I know if I had a concern, I would probably phone [assistant manager] in the office and talk to her about it and I'm sure she would probably sort out a solution for me." Each person supported by the service and their relatives had access to the service's complaints procedures. One person told us, "I know there is a leaflet in my folder that tells me what to do if I have any concerns." We saw that the provider regularly issued a newsletter to people. This reminded them of important telephone numbers and the complaints procedure. It also updated people and staff on changes in personnel and what people should expect from their carers. We saw that people were encouraged to feedback if they had any concerns, suggestions or complaints. We saw that complaints were kept confidential and were addressed by the provider in line with their policy.

The provider conducted surveys with people who used the service and their relatives. This was to establish their views on whether they were happy with the support provided by their carers and what things could be improved. One person said, "I do remember being asked to fill in a couple of questionnaires over the years, but I've never heard anything back from the agency as to what improvements they have taken on board." Another person said, "I only recall one survey that I've filled in and I honestly can't remember, but I'm fairly certain there was no feedback as to the results of it." The registered manager told us that take up of the survey had been poor. They have found that they are able to achieve more reliable feedback from conducting telephone reviews and care plan reviews with people. We saw that these happened regularly and that people were asked about the service that they received and any feedback that they had.

Is the service well-led?

Our findings

People felt that the registered manager was approachable. One person said, "I would phone and speak to the manager and ask to meet with them to go through what my problems were." Another person said, "The manager is approachable. I have met her a few times and I know if I do have concerns, I only need to phone the office and ask for her and she will talk to me." Staff felt that communication between themselves and senior management was good.

Some people said that they got on really well with the office staff, who were friendly and caring and in particular, if a change of visit time was required they would accommodate this. However, a number of people that we spoke with told us their experience was not so positive. One person said, "Some people in the office are better than others. I will occasionally ring and I'll be able to sort out whatever it is I need help with straightaway, but other times they will tell me they'll call me back and unless I keep ringing nothing will get done." Another person said, "If they could organise more regular carers, and the office staff were better at ringing people back and keeping us informed, then I think I would be happy to recommend them to other people." The registered manager told us that they had been made aware of some of the concerns and had taken appropriate action to address them.

The registered manager had implemented systems to monitor how staff provided care. The daily notes were collected weekly and checked by senior staff members to ensure they were completed correctly. One person told us, "The carers always make sure they fill-in the record each time they visit me and when [assistant manager] comes to do the review she looks to make sure they have and then she takes the oldest ones away with her to file." We saw that when these checks had identified that staff had neglected to document an event as required, the appropriate action had been taken. Staff records reflected that the registered manager had taken appropriate action in a timely way when they had been made aware that a staff member had not acted in line with company policy. We saw that this staff member had been disciplined but also required to retain and revisit the relevant policy. This meant that the registered manager ensured that staff were aware of their responsibilities and that they were monitored to ensure that they were being met.

Staff had access to policies and procedures and understood how to follow them. The registered manager had ensured all staff had received the employee hand book. This was to make sure that staff were clear on their role and the expectation on them. The registered manager insured staff meetings took place regularly. During these the registered manager informed the staff team of any changes, new systems of working or updated them on policies and procedures. The office staff met every Monday to review the on call log and address any issues from the previous week or weekend. This was to support the smooth running of the service and ensure that the registered manager and senior staff were kept up to date with events that had happened.

Staff were communicated with and support was offered. Staff were required to pick up their rota from the office on a weekly basis. This meant that the registered manager or senior staff at the service would see staff on a weekly basis and support could be offered if required. We saw that there was a suggestion box in the office. The registered manager told us that staff used this to anonymously feedback about the service. We

saw that the provider regularly issued a staff newsletter. This offered thanks to staff for their hard work and commitment. It reminded them of important telephone numbers, policies and procedures, changes in personnel, training and development opportunities and reminded staff of the organisations culture and values.

The registered manager had effective systems for gathering information about the service. Processes for identifying areas of concern and analysing how to improve on quality services to ensure the smooth running of the service and drive improvement were in place. For example an audit had identified that some risk assessments required further attention in order to ensure that they provided clear guidance to staff about how to reduce the risk of harm to someone. Once identified as an area for attention the appropriate person was identified to address it and a time scale put in place for the work to be completed. We saw that checks were made to ensure that the work had been done.

The provider had a quality assurance pledge which outlined how the service was striving to promote a culture that identified good practice and promoted continuous improvement. The provider had signed up to a number of recognised awards such as investors in people in order to demonstrate that they were committed to measuring and reviewing the delivery of care against current guidance and best practice models.