MiHomecare Limited

# MiHomecare - Isleworth

## Inspection report

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## Ratings

| | |
|---|---|
| Overall rating for this service | Requires Improvement |

| | |
|---|---|
| Is the service safe? | **Requires Improvement** |
| Is the service effective? | **Good** |
| Is the service caring? | **Good** |
| Is the service responsive? | **Good** |
| Is the service well-led? | **Requires Improvement** |

# Summary of findings

## Overall summary

The inspection took place on 28 April 2016 and was announced. We gave the provider 48 hours' notice because they offer a domiciliary care service and we wanted to make sure someone would be available.

The service was last inspected on 30 April 2013 and at the time was found to be meeting all the regulations we looked at.

MiHomecare – Isleworth is a domiciliary care agency providing personal care and support to people who live in their own homes. The majority of people using the service were over the age of 65 years, although some younger adults also received care. At the time of our inspection there were 52 people using the service. MiHomecare – Isleworth is part of a larger national organisation, MiHomecare Limited, providing personal care to adults in their own homes. MiHomecare started life as Enara – a company that had been providing home care services since 1996. In October 2012, it was renamed MiHomecare.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

Staff did not always follow the procedure for recording and safe administration of medicines. This meant that people were at risk of not receiving their medicines safely.

There were systems in place to assess and monitor the quality of the service, however these had failed to highlight issues with the safe recording and administration of people's medicines.

Recruitment checks were in place to obtain information about new staff before they supported people unsupervised, although one staff file we looked at only contained one character reference.

The manager was not regularly supervised or appraised by senior management although they told us they met regularly.

The service employed enough staff and contingency plans were in place in case of staff absence.

There were procedures for safeguarding adults and the staff were aware of these.

The risks to people's safety and wellbeing were assessed and regularly reviewed.

Staff received the training and support they needed to care for people.

People had consented to their care and support. The service had policies and procedures in place to assess

people's capacity, in line with the Mental Capacity Act (2005).

People's health and nutritional needs had been assessed, recorded and were being monitored.

Feedback from people and relatives was positive about both the staff and the provider.People and relatives said the carers were kind, caring and respected their privacy and dignity.  Most people received care from regular carers and developed a trusting relationship.

People and relatives were involved in decisions about their care and support.

People's individual needs had been assessed and recorded in their care plans prior to receiving a service, and were regularly reviewed.

There was a complaints policy in place. People knew how to make a complaint, and felt confident that their concerns would be addressed appropriately.

The service conducted satisfaction surveys of people and their relatives. These provided vital information about the quality of the service provided.

People knew who the manager was and knew how to contact them when required.

Staff thought their manager was supportive and approachable.

## 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**

Some aspects of the service were not safe.

Staff did not always follow the procedure for recording and safe administration of medicines. This meant that people were at risk of not receiving their medicines safely.

The service employed enough staff and contingency plans were in place in case of staff absence.

Recruitment checks were in place to obtain information about new staff before they supported people unsupervised, although one staff file we looked at only contained one character reference.

There were procedures for safeguarding adults and the staff were aware of these.

The risks to people's safety and wellbeing were assessed and regularly reviewed.

### Is the service effective?

**Good**

The service was effective.

Staff received the training and support they needed to care for people.

People had consented to their care and support. The service had policies and procedures in place to assess people's capacity, in line with the Mental Capacity Act (2005).

People's health and nutritional needs had been assessed, recorded and were being monitored.

### Is the service caring?

**Good**

The service was caring.

Feedback from people and relatives was positive about both the staff and the provider.

People and relatives said the carers were kind, caring and respected their privacy and dignity. Most people received care from regular carers and developed a trusted relationship.

People and relatives were involved in decisions about their care and support.

## Is the service responsive?

Good

People's individual needs had been assessed and recorded in their care plans prior to receiving a service, and were regularly reviewed.

There was a complaints policy in place. People knew how to make a complaint, and felt confident that their concerns would be addressed appropriately.

The service conducted satisfaction surveys of people and their relatives. These provided vital information about the quality of the service provided.

## Is the service well-led?

Requires Improvement

Some aspects of the service were not well-led.

There were systems in place to assess and monitor the quality of the service, however these had failed to highlight issues with the safe recording and administration of people's medicines.

The manager was not regularly supervised and appraised by senior management.

People knew who the manager was and knew how to contact them when required.

Staff thought their manager was supportive and approachable.

# MiHomecare - Isleworth

**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.

This inspection took place on 28 April and was announced.

The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available.

The inspection was carried out by a single inspector. Before the visit an expert-by-experience contacted people who used the service and their relatives by telephone. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert-by-experience who supported this inspection had experience of caring for older people.

Before the inspection we looked at all the information we had about the provider including notifications of significant events that occurred at the service.

During the inspection we looked at the care records of five people who used the service, three staff files and a range of records relating to the management of the service. We met with the registered manager, the regional manager, a senior care worker and the administrator.

Following the inspection, we telephoned 11 people who used the service and two relatives to obtain feedback about their experiences of using the service. We also telephoned two carers, and obtained feedback from two social care professionals involved in the care of people who used the service.

Requires Improvement

# Is the service safe?

## Our findings

The provider did not always manage people's medicines safely. The manager told us that all Medicines Administration Records (MAR) charts were collected by the field coordinator from people's home and brought back to the office for the manager to check and file. The manager was only able to locate one MAR chart which showed the administration of medicines over a four week period for one person using the service. However we saw that this MAR chart was returned two days before the end of the week which meant that there was no MAR chart left at the person's home. There were gaps in signatures which were not explained. We saw that administration instructions were not followed by the carer. For example, one medicine prescribed to be taken twice a day had sometimes been signed three times a day, another medicine prescribed to be taken three times a day had been signed twice a day, whilst another had been signed only once a day where it was prescribed to be taken twice a day. This meant that there was a risk people were not receiving their medicines safely and as prescribed. We asked the manager to raise a safeguarding alert and they completed this action on the day of our inspection. They assured us that this matter would be investigated as a matter of urgency. The manager informed us that audits of medicines were carried out during spot checks in people's own homes, however, we did not see any records of these.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service had a medicines policy and procedures in place and staff had received training in the administration of medicines. People told us they received their medicines on time and received the assistance they needed. One person said, "Yes my carer makes sure I get my medicines. She is very hot on that." There were comprehensive medicines risk assessments in place for each person using the service, including those who were able to self-medicate.

People told us they felt safe with the service. Comments included, "I feel safe with the carers because they come on time, they are cheerful and it is nice to have someone to chat to", "I feel safe because they help me walk" and "I do feel safe, I have no concern." One relative told us that the service was good and said, "My [family member] is safe and happy with the service because she has had the same carer for a year." Another relative was not so positive and told us that the carer did not always stay long enough.

The service used an electronic call monitoring system which ensured service delivery was timely and monitored accurately. The system recorded and reported the start, end and duration of every visit in real time, accumulated the total hours, the real time whereabouts of the staff. This enabled the agency to take proactive action during instances of late or missed calls. Alarms were
raised in real time when staff had not logged on. This system provided a full audit trail and a record of actions taken. It was used to audit delivered hours against commissioned hours and to ensure no missed or late visits had occurred.

People told us the staff arrived on time and stayed for the agreed length of time, attending to all the required tasks. Most people told us they were contacted and informed if the staff member was running late,

although some people told us they were not always informed. People told us they generally had the same regular care workers.

Staff had completed training in safeguarding adults and were able to demonstrate knowledge in this subject. One staff member said, "Safeguarding, my understanding is protecting people's health, well being and human rights, allowing to live freely and independently from harm within their own home." The service had a safeguarding policy and a whistleblowing policy was available to staff.

Where there were risks to people's safety and wellbeing, these had been assessed. These included general risk assessments of the person's home environment to identify if there would be any problems in providing a service and carrying out falls risk assessments. Risks were assessed at the point of initial assessment and regularly reviewed and updated where necessary. Individual risks were calculated using a "risk matrix", and rated as low, medium or high. This enabled senior staff to put measures in place to minimise identified risks and keep people as safe as possible. This included allocating two staff members and specialist equipment for a person using the service who had been identified as being at a high risk of falls.

The provider employed a sufficient number of staff to meet people's needs, and there were systems in place to ensure that staff absences were appropriately covered and people received their care as planned. The manager told us they did not require the use of agency staff, and had enough staff available to cover all calls.

There were appropriate procedures in place for recruiting staff. These included checks on people's suitability and character, including reference checks , a Disclosure and Barring Service check (DBS) and proof of identity. However one of the staff files we looked at only contained one character reference. We spoke to the manager who told us they would contact their head office to make enquiries about this. New care staff attended a formal interview. Care staff confirmed that they had gone through various recruitment checks prior to starting working for the service.

There were protocols in place to respond to any medical emergencies or significant changes in a person's wellbeing. We saw care records which indicated that staff recorded and reported any concerns when they visited people. One relative told us that staff were good at noticing changes in her family member's condition and said, "They always notice if she is unwell." The manager told us that they contacted the relevant healthcare professionals as necessary to ensure that people's received treatment as necessary. This meant that people received medical attention without delay.

People and their relatives as well as staff had the contact numbers of the office and the out of hours number in case of emergency. The manager told us that people always received the care they needed because they had a contingency plan in place to cover calls.

There were very few accidents and incidents records and the manager told us they had not had any recently. However we saw that when they happened, they had been recorded appropriately and there was evidence of follow up actions.

Good

# Is the service effective?

## Our findings

People's capacity to make decisions had been assessed and they had been asked to consent to their care and treatment. Decisions had been made by the person or in their best interests by people who knew them well. People told us they had been consulted about their care and had agreed to this. 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. We checked whether the service was working within the principles of the MCA.

We saw that people had signed consent to their care and treatment from the agency. Where people were unable to sign there was a record of their verbal agreement or their needs had been discussed with their representative who had signed their agreement. The manager told us that currently all the people using the service had capacity. However they told us that if they were made aware that people were no longer able to make decisions about their care and support, they would contact the local authority to organise a review.

The staff had received training in the MCA during their induction and told us they understood its principles. One member of staff told us, "We have to assume people have the capacity to make decisions, but if we can see they can't do that, it's up to us to make sure we do the right thing to protect them and contact the right people."

People and their relatives spoke positively about the staff and the service they received. People said that the staff knew what they were doing and had the skills and knowledge they needed to support them with their needs. One person said, "I am very happy with the service", and another told us, "There is nothing they could do better, they are ok." One confirmed that their family member was satisfied with the service and said, "My [relative] has no problems with the care provided, it's all good." However one relative was not so positive and said, "No, she is not happy. The carer sometimes does not stay the whole time. It would be better if the carers could speak better English."

The staff told us they were able to speak with the senior staff to discuss people's needs anytime they wanted. We saw from the daily care records that any changes to people's conditions were recorded and this prompted a review of their needs, or a referral to the relevant professional. This included a referral to a district nurse for a person who's mobility had decreased and who was at risk of skin deterioration.

People said that staff communicated appropriately with them. One person said, "She makes me feel independent by encouraging me and talking to me" and another told us, "My carer is trained and skilled, she is very good, 10 out of 10." Most people had built a relationship with their regular care staff, and told us that it helped them because they knew them well and could communicate effectively.

People's nutritional needs were assessed and recorded in their care plans. This included their dietary requirements, allergy status and weight. Some people required support at mealtimes such as warming up already prepared food of their choice. Daily care records we viewed described the support given to people, what they ate, and whether there were any concerns regarding their nutritional status or weight.

People were cared for by staff who were appropriately trained and supported. New staff went through an induction period which included shadowing a senior member of staff in order for people to get used to them and for the staff to learn the job throughout before attending to people's care needs. At the end of the shadowing period, new staff undertook a skills assessment which was signed by a senior member of staff when they were assessed as competent. This was to make sure they had acquired the necessary skills to support people in their own homes. Staff told us they were supported through one to one supervision meetings with their manager. We saw evidence in staff records we checked that issues were raised and discussed. This included where a complaint had been received about a member of staff. We saw that this was dealt with appropriately and professionally. Staff received a yearly appraisal where they were given the opportunity to reflect on their performance and to identify any training needs.

Records showed that all new carers had received an induction to the service which included the company's policies and procedures and training such as health and safety, infection control and moving and handling. The manager told us they had introduced the Care Certificate for all new staff recruited. The Care Certificate is a nationally recognised set of standards that gives staff an introduction to their roles and responsibilities within a care setting. Training records confirmed that staff had completed the training identified by the provider to deliver care and support to the expected standard.

Records of staff training showed that they had received training in areas the provider identified as mandatory, such as health and safety, moving and handling, infection control, safeguarding, medicines management and dementia awareness. Staff told us they received annual refreshers and had their knowledge regularly assessed. They told us this enabled them to feel confident about delivering care to people. The agency offices had a well-equipped training room, which included equipment used for moving people safely so they could practice and be assessed using this.

Staff told us they felt "well supported" by the manager and the rest of the team. We saw in the staff files that spot checks were undertaken regularly. These included checks on the staff's punctuality, whether they wore their name badges, and if people were happy with the care and support they received.

Good

# Is the service caring?

## Our findings

People and their relatives were complimentary about the service and the care they received. People said that carers were kind and respectful. Some people's comments included, "Yes the carers are kind", "Yes of course they are kind. They treat me with dignity and respect", "everything is fine, nothing could be better", "the carers explain what they are doing and we have a laugh", "they are friendly and don't let me down" and "they are good-natured and efficient."

Care plans indicated that people were treated with dignity and that staff respected their human rights and diverse needs. The language used in care records was respectful and from the person's perspective. Details of the support required for one person included, "Please dress me into my chosen day clothes", "prepare the breakfast of my choice and a cup of tea" and "please leave me comfortable." Most people told us they were involved in decisions about their care and support, and had signed to give consent for their support. However some people were not aware they had a care plan. One person said, "I don't know if I have a care plan, I take what comes" and another told us, "I can't remember if the agency has asked me for my views." One relative told us they had been involved in the planning of their family member's care. However, another told us, "There is no care plan that has been seen."

Carers confirmed that the care plans contained relevant and sufficient information to know what the care needs were for each person and how to meet them. The service carried out regular monitoring visits, reviews and telephone calls. These indicated that people were happy with the service and the support they received.

People told us they had regular carers and had built a relationship with them. Carers talked of valuing people, respecting their rights to make decisions about the care they received and respecting people's diverse needs. One carer said, "I love my client. We get on brilliantly", and "I want the best for [person using the service]. I go every day and we love our chats."

Good

# Is the service responsive?

## Our findings

There were processes in place for people and relatives to feedback their views of the service. Quality questionnaires were regularly sent to people and their relatives. These questionnaires included questions relating to how people were being cared for, if their care needs were being met and if the carers were reliable and punctual. However the manager told us that they did not see the returned questionnaires as they went to head office and were analysed there. They received an overall percentage which we saw, and which showed an overall satisfaction. However the manager was not able to see individual comments which meant that they could not respond to the individual if they had raised concerns.

Care plans we looked at were clear and contained instructions for care workers to follow to ensure people's needs were met. They were developed from the information gathered from the general needs assessments. They were based on people's identified needs, the support needed from the care workers and the expected outcomes. Some people told us they had received a visit from the care coordinator and had taken part in the planning of their care. However, others were unable to remember if they had or not. One person told us, "No, I don't feel involved with the planning of my support" but another said, "Yes I do feel involved in the planning of my care, and I have a review twice a year." One relative said that they had been involved and were involved in any review of their family member's care needs. They added, "My [family member] is involved and has a care plan."

Support plans were person-centred and took into consideration people's choices and what they were able to do for themselves. Carers we spoke with told us they encouraged people to do things for themselves if they were able to. Each area of support was split into sections which included, "What I can do for myself", "What I need help with", "What I find difficult" and "How can my support worker help me." This enabled carers to offer the right level of support to people who used the service.

People described a variety of support they received from the service. Those asked thought that the care and support they received was focussed on their individual needs. One person told us, "I get the help I need. They are very good. My carer is excellent." One relative said, "My [family member] is happy with the service and has no complaints about the care. They meet all her needs."

All the people we spoke with told us they had a daytime contact number of the office and an out of hours number which they would use if they had concerns or worries. However none of the people we spoke with had needed to use this. People who used the service were given a guide which contained all the relevant information about the service.

People's needs were assessed and the support and care provided was all agreed prior to the start of the visits. The initial assessments were carried out by the local authority. Records indicated and people and their relatives confirmed that they were involved in these assessments. Information related to mobility, medicines, care needs and personal preferences was recorded so that comprehensive information was available.

We saw very little evidence of review meetings in the care records we looked at. The manager told us the provider had asked them to manage another branch of the company for several months, so some reviews had not taken place and some records were not up to date. They told us they were working to rectify this, and showed us evidence that they had started to do this. However they said that they had a telephone monitoring system and calls were taking place regularly to obtain feedback from people and make sure the service was meeting people's needs. This included checking if people were happy with the service and if they had any concerns. Records showed that these calls were regular and that people's concerns were responded to. We saw a comment from a person who used the service which said, "Professionalism depends on who the carer is." There was evidence that this concern was taken seriously and the manager took appropriate action. This indicated that the service was responsive to people's needs and had systems in place to monitor, review and meet those needs.

We looked at a sample of daily care records of support and found that these had been completed at every visit and described a range of tasks undertaken, including information regarding people's wellbeing, social interactions, or anything relevant to the day. We saw that records were written in a person-centred way showing respect and care for the person receiving support.

The service had a complaints policy and procedure in place. This information was supplied to all people using the service. One relative told us they were aware of the complaints policy. They added, "My [family member] is aware of the complaints policy but has not had to make a complaint." One person said, "I have not had to make a complaint", and another told us, "I have nothing to complain about." The manager told us they had not received any complaints for a long time. However, one person told us they had made a complaint in the past about a carer and the carer had not been back. This indicated that people's concerns were listened to and addressed appropriately.

Requires Improvement

# Is the service well-led?

## Our findings

The registered manager had put in place a number of different types of audits to review the quality of the care provided. However audits relating to the safety of people using the service had failed to highlight that the management of people's medicines was unsafe.

Although recruitment checks were being carried out, one of the staff files we viewed only contained one character reference.

Telephone monitoring was undertaken to obtain feedback from people who used the service, however there were no reviews of people's care needs.

There were no regular team meetings or management meetings. We saw memos to staff informing them when a meeting was organised, however, the manager told us that staff did not usually turn up. The staff we spoke with told us the manager kept them informed and they knew they could speak with them anytime they wanted. One staff said, "We get notified of meetings but we can't usually attend." However, the lack of meetings meant that subjects such as training, safeguarding, incidents and accidents or any other relevant topics could not be discussed as a group and there was a risk that staff would not feel suitably supported.

The manager did not receive regular supervision from senior management and had not received a yearly appraisal. They were able to show us one record of a supervision meeting which took place in June 2015. They told us that support had been "patchy" in the last years although this had improved recently with the appointment of a new regional manager and that they met regularly for discussions, although these discussions were not recorded. However the lack of opportunity to meet with their manager meant that there was a risk that they felt unsupported within their role.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations2014.

Some people we spoke with told us they did not know the manager and did not have any contact with them. One person said, "I don't know who the manager is, I have not met them and they have not contacted me", however another told us, "I have met the manager, she was friendly and approachable" and another said, "I have met the manager, but I don't know her name." One relative told us they had met the manager and they were "very nice." Most people said they had contact with the care coordinator and met with them regularly.

Some people told us that they had been asked their views of the quality of the service that was provided. Some said they had completed a questionnaire, and others confirmed that they received telephone calls to check how they were and if they had any concerns.

Most people thought the service was well-led. Some of their comments included, "Yes I think the service is well managed", "I would recommend this service, certainly", "I hope this service can continue for a long time", "There is nothing better they could do, and there is nothing I want them to stop doing" and "I would

recommend the service to others and I think it is well led."

The care coordinator was involved in audits taking place in people's homes. They included medicines audits, spot checks about the quality of care people received, environmental checks and health and safety checks. We viewed a sample of audits which indicated they were thorough and regular.

The registered manager had been in post for three years and was supported by one care coordinator and an administrator. They shared the office space with another branch of the company and told us they often supported and helped each other. The office staff told us that the registered manager was approachable and supportive.

The registered manager told us they had attended provider forums in the past and various care conferences. They told us that they also kept themselves abreast of development within the social care sector by accessing relevant websites such as that of the Care Quality Commission (CQC).

Staff told us they felt supported by the management team and found them supportive and professional. One staff member told us they thought the service was well-led. They said, "We feel valued and supported" and "our manager is very good, she checks how we get on and makes sure that everything is done properly." Another staff said, "[Manager] says to us, 'without you guys we would not exist. Your are number one'." Staff told us they could speak with their manager and they would listen. One said, "Whenever I need to speak with my manager, she will speak to me, even outside working hours."

This section is primarily information for the provider

# Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

| Regulated activity | Regulation |
|---|---|
| Personal care | Regulation 12 HSCA RA Regulations 2014 Safe care and treatment<br><br>Medicines were not being properly and safely managed.<br><br>Regulation 12 (2) (g) |

| Regulated activity | Regulation |
|---|---|
| Personal care | Regulation 17 HSCA RA Regulations 2014 Good governance<br><br>Systems and processes were not established and operated effectively to assess, monitor and improve the quality of the service or mitigate against risks to people using the service.<br><br>Regulation 17 (1) (2) (a) (b) |