MiHomecare Limited

MiHomecare - Bethnal Green

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

This inspection took place on 14 July 2015 and was announced. MiHomecare Bethnal Green is a domiciliary care agency providing care to adults within their own homes. At the time of the inspection, 266 people were using the service.

The service had 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 2008 and associated Regulations about how the service is run.

The service received the majority of its referrals via email or telephone from social workers based in the London Boroughs of Hackney and Tower Hamlets. A field care supervisor from the agency visited people in their own homes or in hospital to carry out an initial assessment.

Care plans had been developed by consulting with people and, if appropriate their family members. Where

Summary of findings

people were unable to contribute to the care planning process, staff worked with people's relatives and representatives and sought the advice of health and social care professionals to assess the care needed.

Risk assessments had been completed and covered a range of issues including environmental factors, falls prevention, moving and positioning and skin care.

Staff had guidance about how to support people with known healthcare needs, such as when a person needed support with the application of prescribed topical creams.

The staff we spoke with knew about people's interests, likes and dislikes, as well as their day to day lives at home. People's independence was promoted and staff understood the importance of respecting people's privacy and dignity.

Staff had completed training in food hygiene and preparation. Staff were required to support people to prepare simple meals of their choice and were aware of people's specific dietary needs and preferences.

There were protocols in place to respond to any medical emergencies or significant changes in a person's well-being.

Records showed that staff had attended relevant safeguarding training and were supervised and appraised on a regular basis.

There were policies and procedures in place to protect people from harm or abuse and staff were able to describe the actions they would take to keep people safe.

People and their relatives told us they thought the service was well managed, and we received positive feedback about the registered manager and staff.

There were arrangements in place to assess and monitor the quality and effectiveness of the service and use these findings to make ongoing improvements.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. Staff had received training in safeguarding adults and procedures were in place to protect people from abuse.

The risks to people who use the service were identified and managed appropriately.

Staff files contained references and appropriate criminal record checks demonstrating that staff had been recruited safely.

Is the service effective?

Good

The service was effective. Care plans we looked at included care needs assessments, which had been carried out before the person's package of care was commenced.

Staff had a programme of training, supervision and appraisal which helped to ensure people were supported by staff who were trained to deliver care safely and to an appropriate standard.

People were supported to make choices about the food they wished to eat and staff had completed basic training in food hygiene and preparation.

Staff were aware of the protocols in place to respond to any medical emergencies or significant changes in a person's well-being.

Is the service caring?

Good

The service was caring. People we spoke with and their families told us they were happy with the care provided.

People told us they had contributed to the development of their care and supports plans.

Staff told us they would contact the office if they knew they were running late for a visit, and the office in turn contacted people or their relatives to let them know and provide an update.

Is the service responsive?

Good

The service was responsive. We saw people's care and support needs had been assessed by the service and these were updated and reviewed as and when required.

People and their relatives told us they were involved in review meetings with social workers and senior care staff.

Staff we spoke with knew how to respond to complaints people raised and understood the complaints procedure. People said they would contact their social worker or the registered manager if they had any concerns.

Is the service well-led?

Good

The service was well led and had a registered manager in post.

Staff meetings were held on a monthly basis which gave opportunities for staff to feedback ideas and make suggestions about the running of the service.

Summary of findings

The service conducted regular surveys of people using the service in order to find out their views about the quality of care and support provided.

MiHomecare - Bethnal Green

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 14 July 2015 and was announced. The inspection was carried out by a single inspector. Following the inspection we asked an expert-by-experience to contact people using the service for their feedback. 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 and knowledge about caring for older people and people living with dementia.

The provider was given 24 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be in.

Before the inspection we looked at the information the Care Quality Commission (CQC) held about the service. This included notifications of significant incidents reported to CQC within the past 12 months.

During the inspection we spoke with the registered manager and a regional manager. We also spoke with two office staff and three care workers. Following the inspection, we contacted 23 people who use the service, four relatives and a further three care workers. The records we looked at included 15 care plans, 12 staff records and records relating to the management of the service.

Good

Is the service safe?

Our findings

People using the service told us they felt safe and trusted the care staff who supported them. People told us, “My carers are honest” and “I can totally rely on my carers.”

When people were referred to the service, they were visited in their own homes or in hospital by field care supervisors in order to complete an initial needs assessment. Where possible, people were involved in making decisions about their care and support needs. Where people were not able to make these decisions for themselves, family members (if appropriate) and/or health and social care professionals contributed to the development of care and support plans. The initial assessment process ensured that people’s individual care and support needs could be met by the service before a package of care was organised and care staff allocated.

Where risks to people’s health, safety and welfare were identified, appropriate management plans were developed to minimise them. We looked at 15 care plans which showed individualised risk assessments were carried out addressing environmental issues and areas such as personal care, diet and nutrition and falls prevention.

There were effective systems in place to protect people from abuse and keep people free from harm. The service had policies and procedures in place for safeguarding adults which were available and accessible to members of staff. Staff told us they had completed safeguarding training as part of their induction. Staff were able to explain how they would identify abuse and were aware of the correct reporting procedures.

Senior staff told us they had a good working relationship with the local authority and were able to make referrals or obtain advice as and when needed. We had received four safeguarding notifications from the provider in the past 12 months, and saw records demonstrating that these matters had been managed appropriately in conjunction with local authority safeguarding teams and the police where appropriate. We saw evidence that following serious safeguarding incidents, lessons had been learned and changes to service delivery had taken place as a result.

We found robust recruitment and selection procedures were in place and saw appropriate checks had been undertaken before staff began work to help ensure that staff were suitable to work with people using the service. Staff files contained references, proof of identity and appropriate criminal record checks demonstrating that staff had been recruited safely.

The registered manager told us that all staff were required to complete a three day classroom induction which covered areas such as medicines administration and first aid awareness. Staff then completed a further seven hours of e-learning and shadowed other members of staff before they began working with people on their own.

Where people had complex healthcare needs or staff were unfamiliar with a specific procedure such as catheter care or the care of pressure wounds, staff were supported by the appropriate health care professionals. Staff had access to disposable gloves and aprons and were required to wear a uniform and name badge when visiting people they provided support to.

Where staff were responsible for prompting people to take their medicines, medicines administration records (MAR) kept in people’s care files and were signed accordingly. We saw evidence demonstrating MAR charts were collected from people’s homes on a regular basis and checked by senior staff before being archived safely and securely. Staff were aware of the protocols in place to respond to any medical emergencies or significant changes in a person’s well-being. People told us, “I do my own medication but the carers always ask as a double check” and “[Staff] help with medication, making sure I’ve taken it.”

Staff we spoke with were aware of the provider’s whistleblowing policy and most of the staff we spoke with were able to explain how they would raise any concerns about the service to the management team and to external authorities, if necessary.

Good

Is the service effective?

Our findings

People told us their needs were assessed and met by the service and they would recommend the service to others. We saw the service followed clear assessment processes. Care plans included care needs assessments, which had been carried out before the person's package of care was commenced. Therefore, staff had a good level of information about people's health and social care needs and some understanding of the support they required, from their first point of contact.

Where people had capacity to make their own decisions, care plans had been signed by the person who used the service to show their agreement with the information recorded. In cases where people lacked the capacity to make decisions about their own care, plans were developed in people's best interests and signed by family members (if appropriate) and/or health and social care professionals.

Staff we spoke with understood consent and capacity issues and were aware of what to do and who to report to if people they were caring for became unable to make decisions for themselves.

Care plans contained information and guidance for staff on how best to monitor people's health and promote their independence. We noted records included contact details for people's GPs and other relevant health and social care professionals involved in people's care.

Staff were required to successfully complete a three month probation period during which they received supervision on a regular basis in line with the provider's policies and procedures. Staff were also visited by field care supervisors who carried out spot checks which involved observing staff during the course of their duties and providing constructive feedback.

Staff had a programme of training, supervision and appraisal, so people were supported by staff who were trained to deliver care safely and to an appropriate standard. A training matrix showed the training all staff were required to undertake to meet the needs of people they supported such as safeguarding, Mental Capacity Act 2005, first aid, infection control and moving and handling.

Staff told us they had access to further training and a high number of staff had completed vocational training courses in health and social care. Any gaps in staff member's training and development needs were addressed during staff supervision sessions. Records we saw confirmed this.

Staff supported people with food shopping and meal preparation. Staff were required to prepare or heat up simple meals or serve food prepared by family members. People were supported at mealtimes to access food and drink of their choice. Staff we spoke with confirmed they supported people with eating and drinking and always offered people choices.

Good

Is the service caring?

Our findings

People who used the service told us they were happy with the care provided. People using the service told us, “We are old friends and we have lots of jokes together” and “They treat me with respect.”

We saw records relating to a number of missed visits and asked the registered manager how they ensured those people most at risk and/or those unable to report a missed visit, were cared for and kept safe. The registered manager told us they checked care workers’ time sheets on a weekly basis and contacted people on a monthly basis. We received further information via email following our visit regarding this matter. We were told the service would now be contacting people most at risk on a daily basis to confirm staff attendance and monitor service provision. These calls would be logged on the appropriate forms of which we received an example template.

The regional manager told us that there were also plans to install an electronic tracking system within the office by the end of 2015 which would allow office staff to monitor and reduce the number of missed visits and/or late visits.

People we spoke with told us they could make decisions about their own care and how they were supported. People told us that they usually had the same small team of care staff for each visit and had been able to specify whether they preferred a male or female member of staff.

People and their relatives told us they had been involved in the care planning process and had been visited in their homes prior to receiving care. Care plans we looked at included people’s medical history, family information and emergency contact details. People told us they had received copies of their care plans and that staff completed daily logs each time they visited.

Staff were able to explain and give examples of how they would maintain people’s dignity, privacy and independence. One member of staff told us, “I talk to [them] all the time, ask permission, make sure doors are shut and curtains are pulled.”

Good

Is the service responsive?

Our findings

People we spoke with told us they thought staff knew them well and knew how to support them if their needs changed. One relative told us, “My [family member] is happy with the service and so am I. They bathe [my family member] with great respect and care and are punctual and patient. I have no complaints at all. The agency supervisor comes every 6 weeks to make sure everything is going smoothly.” The staff we spoke with told us the support plans were easy to use and they contained relevant and sufficient information to know what the care needs were for each person and how to meet them.

We saw people’s care and support needs had been assessed by the service and these were updated and reviewed as and when required. Reviews took place either through meetings in people’s homes or via telephone discussions with people and their relatives and where appropriate, health and social care professionals.

We saw from records staff had received training in basic first aid. Staff we spoke with explained how they would respond in an emergency situation. The service had procedures for when staff were unable to access people’s homes which included checking with neighbours and the main office for advice or contacting the police if necessary.

In the event of a medical emergency staff had been trained to call 999 and stay with people until an ambulance arrived, offer reassurance and keep the person warm and safe. Staff told us they would always contact senior staff members in the office to inform them of any emergency situation.

We looked at archived daily records of support and found that these had been completed with a summary of tasks undertaken including information regarding people’s wellbeing and where appropriate, details relating to meal preparation and medicines prompting. People and their relatives told us that staff always completed and signed the daily logs at the end of each visit.

People knew how to make a complaint and told us they would contact their social worker or the registered manager if they needed to discuss any concerns. The service responded to people's complaints so that their concerns were addressed. We saw evidence of this process in the appropriate records.

The complaints policy was available in the service user guide given to people when they began using the service. The registered manager told us they were always available to speak with people and listen to their concerns. Staff we spoke with knew how to respond to complaints people raised and understood the complaints procedure.

Staff told us they took any less formal comments about how the service could be improved seriously and acted on them. The registered manager told us that she used any feedback about the service to improve the care and support that people received. We saw that care and support had been modified when needed and that appropriate arrangements were put in place when people’s needs changed.

People were supported to engage in a range of activities that reflected their interests if these formed part of their agreed care plan. These included shopping trips, going to garden centres and attending local swimming pools.

Good

Is the service well-led?

Our findings

People were protected from the risk of unsafe or inappropriate care because the service had a registered manager who had been in post for three years, who ensured quality was maintained. The registered manager was supported by senior staff based in the office and four field care supervisors who worked out in the community. There were always administrative staff members on duty who were available for people and staff to contact on a daily basis. Leadership was visible and staff had clear lines of accountability for their role and responsibilities.

People felt the service was well managed and staff were kind and considerate. Staff told us the registered manager was approachable and supportive and that they felt listened to. Staff comments about the registered manager included, "I can't fault her, if we've got a problem, she's there to support you" and "The manager is very, very good, she treats us like family and we all work as a team."

Staff meetings were held on a regular basis which gave opportunities for staff to feedback ideas and make suggestions about the running of the service. The registered manager told us informal meetings were also held for staff whenever needed. The registered manager operated an open door policy and staff had her contact details and were welcome to contact her at any time.

The registered manager told us field care supervisors who worked out in the community were responsible for monitoring care staff and the care and support they provided to people using the service. The field care supervisors undertook a combination of announced and unannounced spot checks where staff were observed delivering care and provided with feedback. A member of staff told us, "I get spot checks loads, it's really good because it gives me a chance to see my supervisor and to report any concerns. I get on very well with my supervisor."

The service had quality assurance systems in place. The registered manager told us they completed regular and ongoing checks on care plans, daily logs and medicines records. We read a copy of the provider's internal audit and saw action points were addressed and completed in a timely manner. Staff files were audited and we saw clear evidence that files were well managed and that training and supervision requirements were kept updated.

The service conducted regular surveys of people using the service in order to find out their views about the quality of care and support provided. We looked at survey results for the period 2013 - 2014. Of those who had completed the survey, all had agreed with the statement, 'My support workers are willing and helpful' and most people confirmed they had up to date contact details for the agency.

Staff were aware of the reporting process for any accidents or incidents that occurred. They told us they would record any incidents in people's daily log record and report the matter to senior staff. However, we noted that two serious incidents reported to CQC had not been logged in the accident and incident file. The registered manager told us that the reporting of accidents and incidents was completed electronically. We were sent evidence of this via email and were able to verify that this process was being completed satisfactorily.