Mitchell's Care Homes Limited

Mitchells Domicillary Care Services

Inspection report

Abbey House Business Centres
25 Clarendon Road
Redhill
Surrey
RH1 1QZ

Tel: 01737852177

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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?	Requires Improvement

Summary of findings

Overall summary

This inspection was carried out on the 31 May 2017 and was announced.

Mitchells Domiciliary Care Services provides a supported living service for older people and people with a learning disability, autistic spectrum disorder, physical disability and younger adults. People receive personal care and support in their own properties. At the time of our inspection the service provided personal care to 22 people.

There was a registered manager in post and present at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 registered manager had systems in place which monitored health and safety and the quality of people's support. However the systems were not always responsive and had not always led to changes being made. We have made recommendations around this. However people, relatives and staff were happy with the management support they received.

People told us they felt safe using the service. Relatives felt that their family members were safe with staff. Staff had received training in how to recognise and report abuse and were confident any allegations would be taken seriously and investigated to help ensure people were protected. There were sufficient staff at the service to provide care and support to people. Appropriate recruitment checks were undertaken before staff started work.

Staff understood the risks to people and ensured that people were kept safe. Staff encouraged and supported people to lead their lives as independently as possible. People's medicines were managed in a safe way and staff were competency assessed to ensure that they were competent in the administration of medicines.

People received support from staff that knew them well, and who had the knowledge and skills to meet their needs. Training was provided to staff that was specific to the needs of people including challenging behaviour and epilepsy. Staff received supervision to provide effective care to people and staff felt supported.

People had care plans in place which provided guidance for staff about how people liked their care provided. People and relatives were involved in the care planning.

Staff understood the Mental Capacity Act 2005 and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. Relatives were involved in

making decisions where appropriate. Where people were being deprived of their liberty this was done in their best interest.

Staff supported people with their nutritional and hydration needs. Health care professionals were involved in people's care and staff ensured that they followed guidance provided by them.

Complaints and concerns were taken seriously and used as an opportunity to improve the service. People and relatives said they knew how to make a complaint if they needed to.

The registered manager had informed the CQC of significant events. Records were accurate, well maintained and kept securely.

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.

There were sufficient staff at the service to support people needs.

People had risk assessments based on their individual care and support needs. Staff were aware of the risks to people and provided appropriate care.

Medicines were administered, stored and disposed of safely.

There were effective safeguarding procedures in place to protect people from potential abuse. Staff were aware of their roles and responsibilities.

Is the service effective?

Good

The service was effective.

People were supported to have access to healthcare services and healthcare professionals were involved in the regular monitoring of their health.

Staff understood and knew how to apply legislation that supported people to consent to treatment. Where restrictions were in place this was in line with appropriate guidelines.

People were supported by staff that had the necessary skills and knowledge to meet their assessed needs. .

People were happy with the food. People had enough to eat and drink and there were arrangements in place to identify and support people who were nutritionally at risk.

Is the service caring?

Good

The service was caring.

Staff treated people with kindness, dignity and respect.

People's independence was respected and promoted.

People's preferences, likes and dislikes had been taken into consideration and support was provided in accordance with people's wishes.

People's relatives were encouraged to be involved in their lives.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed on a continuous basis. Information regarding people's care and support was reviewed regularly.

People had access to activities that were important and relevant to them.

People were encouraged to voice their concerns or complaints about the service.

Is the service well-led?

Requires Improvement

The provider did not have robust processes that had ensured people finances were managed appropriately. However the registered manager was fully aware of the processes to follow with people they supported.

The provider had systems in place to regularly assess and monitor the quality of the service provide. However we have recommended that responses to surveys are always addressed.

The provider actively sought, encouraged and supported people's involvement in the improvement of the service.

People told us the staff were supportive.

Staff were encouraged to contribute to the improvement of the service.

Mitchells Domicillary Care Services

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 was took place on the 31 May 2017 and was announced. We told the registered manager three days before our visit that we would be coming. This was to ensure that they would be available. This was also to arrange visits to people in their homes with their permission. On this inspection there were two inspectors.

Prior to the inspection we reviewed all the information we had about the service. We sent questionnaires prior to our inspection to staff, relatives and health and social care professionals to establish their views of the service. We reviewed the responses we received from 19 people, four members of staff, two relatives and five health care professionals.

In addition to this we reviewed the information we had about the service. This included information sent to us by the provider, about the staff and the people who used the service. We reviewed the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information supplied by the registered manager and we checked information that we held about the service and the service provider. This included statutory notifications sent to us by the provider about incidents and events that had occurred at the service. A notification is information about important events which the provider is required to tell us about by law.

We visited 11 people in three homes to observe care. During these visits we also spoke with six members of

staff. During the visit to the office we spoke with the registered manager. We looked at care plans for three people who used the service, medicine administration records and supervision, training and recruitment records for staff. We looked at records that related to the management of the service. This included minutes of staff meetings and audits of the service. After the inspection we spoke with two relatives of people and an advocate.

The service was last inspected on the 8 April 2016 where we identified that people and their representatives were not informed that they could make choices around who provided their care, records were not always written in caring way, people did not always feel involved in their care, complaints were not always responded to appropriately and effective audit systems were not in place.

Good

Is the service safe?

Our findings

All of the people that completed the questionnaire said that they felt 'Safe from abuse and or harm from my care and support workers.' The relatives that we spoke with felt their family members were safe. One told us, "There is never any sign of the staff being impatient with (their family member)." Another told us, "I've never had any concerns about whether (their family) is safe." One social care professional told us that people always appeared happy and relaxed with staff at the service.

Staff understood safeguarding adults procedures and what to do if they suspected any type of abuse. One member of staff said, "I would report my concerns to the manager, the safeguarding team at the local authority and the CQC." Another told us, "Depending on the seriousness I would go to my line manager first then the head office. But if either of those were involved I would go straight to the police or social services." There was a safeguarding and whistleblowing policy in place and all staff had received safeguarding training.

We asked relatives whether they felt there were enough staff to support their family members. One relative told us, "There always appears to be sufficient staff to support the needs of the clients." Whilst another told us, "There are always enough staff there." The staffing levels were assessed regularly and dependant on whether people were at the service. Most of the people attended activities outside of the service and this reflected how many staff that were required to be at each home. Staff felt there were enough of them at the service. One said, "There are enough staff. People get up at different times so it spreads the workload first thing in the morning." When we have activities arranged and we need extra staff these are always provided." We saw that this was the case at one of the homes people lived at. The registered manager told us, "There are occasions where there is staff sickness. On these occasions we use bank staff and we have recently had a recruitment drive."

Incidents and accidents were recorded in people's care records and they included action taken to reduce the risks of incidents reoccurring. There were very few incidents at the service. Where one person had been having seizures these were recorded and increased monitoring of them had been implemented. There was a contingency plan in place in the event of an emergency for instance bad weather that ensured that people still received the support they required.

Risks of abuse to people were minimised because the provider made sure all new staff were thoroughly checked to make sure they were suitable to work for the service. These checks included seeking references from previous employers and carrying out checks with the Disclosure and Barring Service (DBS.) The DBS checks people's criminal history and their suitability to work with vulnerable people. Staff told us, and records confirmed they had not been able to begin work at the service until all checks had been carried out.

Risks to people were assessed and measures to enable people to live safely in their homes were recorded. Risk assessments included the risks associated with people's homes and risks to the person using the service. For example, one person required a walking aid and staff were advised to give the person support when using it. A plan to manage the risk was in place and was understood by staff. Other assessments were

undertaken to identify risks to people. Risks were assessed in relation to people's nutrition, mobility, behaviours, accessing the community, personal care, choking and medicine administration. There were risk management care plans to minimise, if not to eliminate risks. The care plans identified the potential risks to people and gave instructions and guidelines to staff in order to manage those risks. Staff were aware of the risks to people. One member of staff told us how they would reduce the risks of pressure sores for one person. They said, "We use creams all of the time and she has a special chair that she sits in. We ensure she doesn't sit for long periods." We observed this in practice.

People's medicines were managed safely and (for those people that were able) understood the medicines that they received. Medicines were stored securely and in an appropriate environment. Staff authorised to administer medicines had completed training in the safe management of medicines and had undertaken a competency assessment where their knowledge was checked.

There were appropriate arrangements for the ordering and disposal of medicines from pharmacist. Staff carried out medicines audits to ensure that people were receiving their medicines correctly. We checked medicines administration records during our inspection and found that these were clear and accurate. Each person had an individual medicines profile that contained information about the medicines they took, any medicines to which they were allergic and personalised guidelines about how they received their medicines. There were PRN (as and when) medicine guidelines for staff with details of what signs the person may show should they need pain relief.

Good

Is the service effective?

Our findings

The PIR stated, 'Each Member of Staff receives extensive supplementary training that is consistently updated to ensure familiarity with the most current information and have the necessary skills and competencies to perform their duties.' We found this to be the case.

People received care from staff that had the training and experience to meet their needs. Staff were kept up to date with the required service mandatory training which included areas specific to the people who used the service. The training included challenging behaviour, consent, mental health and person centred care. Where people had specific diagnosis additional training was provided by health care professionals for example with people that were epileptic. Staff told us that the training provided was effective and helped them in their roles. One member of staff said, "Training is really good for refreshing us on what we should be doing." Another said, "The training is good. We do it on the computer and face to face and it helps me in my role." A third said, "The training can be specific which is really good and what we need." We observed good practice by staff on the day of the inspection, particularly in relation to understanding how to support people with learning disabilities.

We saw that staff's competencies were assessed regularly and recorded. Staff confirmed that they had one to one meetings with their managers. Things discussed included any additional training needs and feedback on how staff were performing. One member of staff said, "It give you a chance to discuss things you may not be happy with." Another said, "Every month we have supervisions where we can talk about things."

People's human rights were protected because the requirements of the Mental Capacity Act (MCA) and Deprivation of Liberty (DoLS) were being followed. 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. There were detailed MCA assessments for people including for when people required clinical treatments (such as blood tests), where they wanted to live, and management of finances. The assessments were supported with best interest decisions. One member of staff said, "Some people have part capacity and can make some decisions. X does not have capacity but she can made decisions by her body language and we have to respect that." Where applications were required to be submitted to the Local Authority in relation to DoLs this was done for example if they required constant supervision by staff.

People told us that they enjoyed the food and were given choices. One person said, "I can choose what I want to eat." One relative said, "He is eating and drinking well." The staff were aware of people's dietary needs and preferences. Staff told us they had all the information they needed and were aware of people's individual needs. People's dietary needs and preferences were documented and known by staff. People were able to choose what meals they wanted and would make a list of the food that they wanted to order from the supermarket. One member of staff said that people (if appropriate) would go shopping with them for food. They said, "It's their opportunity to put things in the trolley that they (staff) might not of thought of.

The other week X picked up a sweet potato. We had never tried that and now we have it on the menu."

People had different meals on the day dependant on their preferences. People were offered drinks through the day and people accessed the kitchen when they wanted for drinks and snacks. We saw that there was plenty of fruit for people to help themselves to. People were weighed regularly and where staff had a concern the appropriate health care professional was consulted.

People's care records showed relevant health and social care professionals were involved with people's care. These included GPs, optician, dentist, Speech and Language Therapists (SaLT) and mental health professionals. Those that were able to communicate with us understand health care and how they could access professionals if they needed. People's changing needs were monitored to make sure their health needs were responded to promptly.

Good

Is the service caring?

Our findings

All of the people that completed the questionnaire stated that they were 'Happy with the care and support they received. They felt staff always treated them with dignity and respect and care and support workers are caring and kind.' One person told us, "I like living here." One relative said, "Staff are very good with (their family member). Staff are always caring." Another told us, "They are caring in all aspects. They never lose their patience."

When we observed care in people's homes it was evident staff had good relationships with people and knew them well. Staff were chatting to people in an easy-going manner and encouraged people to tell me things that they had done or liked doing. Staff prompted people, rather than speaking for them. There were signs of appropriate affection between people and staff that showed that people felt comfortable and relaxed with staff. When we arrived in people's homes we were introduced to people. Where people had preferred names staff ensured that we were aware of this. On one occasion one person became upset and staff were empathetic towards them reassuring them and giving them a tissue. Staff ensured people's needs came first. When we went to sit in a specific chair staff kindly asked us sit in the one next to it saying, "Would you mind? It's just that that's Xs favourite chair." When we spoke to people we saw that they looked to the staff for emotional support and this was given.

People were encouraged to be independent. There were people that went out on their own each day. We saw people return to their rooms independently or sit in the lounge area. One person told us, "I have a play-station and I can go back to my room whenever I want to have my own space." We saw people accessing the kitchen and making themselves breakfast or a drink. Staff ensured that people were involved as much as they could be despite their disability. We saw that there was a swing ball in the garden of one of the homes. A member of staff told us, "We bought this because X can be a bit wobbly on his feet and when he feels like that he can sit down and still play the game." Another member of staff said, "To encourage independence we ask them what they want, what they would like to do."

It was clear from observations that staff knew people. Some people were unable to verbally communicate, however staff understood from the signs that people were using what people wanted. One relative said, "They understand him better than I do. They can interpret what he is saying." Another relative said, "They (staff) always speak nice and slowly to him to help him understand." There were pictoral communications books for those people that were unable to verbally communicate. People were able to make choices about when to get up in the morning, what they wanted to eat and drink and when they wanted to have their meals.

People and relatives said they felt involved in the planning of their care. Where care plans were reviewed this was done in consultation with the person and the family where appropriate. One relative said, "They involve me regularly." We saw that care plans had been written in way that people could understand. Some people had chosen particular themes to their electronic care plans for example graphics and photos. When they reviewed each page on the computer music that they had chosen would play.

People were encouraged to maintain close relationships with their family and friends. One relative told us that they visited when they wanted and were always welcomed. We saw that one person had close relationships with family members. Staff supported them to send photographs to them abroad and the person showed us the cover sheet they used to send the photographs. Other people saw they family weekly and spoke with them on the phone whenever they wished.

Good

Is the service responsive?

Our findings

The PIR states, 'Staff develop each specific plan by actively engaging with the individual in their care, develop a rapport and bond that is conducive to the positive outcomes we deliver. Support plans include information regarding people's preferences and views. Each support plan is clearly tailored to the person with detailed risk and the outcome people wish to achieve.'

Care plans were personalised and detailed daily routines specific to each person. One person said, "I know I have a care plan and I can make decisions about it." Another person said that they sat with their key worker and decided what they wanted with them. Staff were able to explain the support people needed and what was important to the person. People had lived at the service for many years and the care plans were updated to reflect the changing needs of people. There were detailed care records which outlined individual's care and support. For example, personal hygiene (including oral hygiene), medicine, health, dietary needs, sleep patterns, emotional and behavioural issues and mobility. Any changes to people's care were updated in their care records to ensure that staff had up to date information. One member of staff said, "People will soon tell you if they want something changed or if the care plan isn't quite right." Staff always ensured that relatives were kept informed of any changes to their family member. One relative said, "Any decisions that need to be made they will involve me."

Staff told us that they completed a handover session after each shift which outlined changes to people's needs. Information shared at handover related to a change in people's medicine, healthcare appointments and messages to staff. One member of staff told us, "We write down information in the communications book and discuss these with staff." We saw that the daily diary was completed with any information that staff needed about people. Daily records were completed to record each person's daily activities, personal care given, what went well and any action taken.

There was a range of activities for people and people went out in the community regularly. One person showed us pictures of where they had been and what they had done including going to Big Ben and Buckingham Palace, to visiting Disneyland Paris. One person had recently bought an iPad and staff had found and enrolled them on a computer course so that they could eventually use the iPad independently. Another person went horse riding and out for an evening meal once a month. On the day of the inspection one person was going on the bus into Croydon with a member of staff. The person told us, "I am going to window shop, buy some bling and have a subway. Another person was going to McDonalds and was keen to tell us they were going to have a, "Hamburger, chips and a coffee." In another of the homes one person had asked to go to Brighton for the day and this was arranged. People attended day centres each week. There was a vegetable plot in the garden in one of the homes and everyone had helped plant it. They all had their own window box in which they could each plan their own individual plants and they would be responsible for looking after it. One person was planning a trip to Cyprus to see family and staff and housemates were planning holidays abroad.

At the previous inspection we identified that complaints were not always responded to appropriately. On this inspection this had improved. Complaints and concerns were taken seriously and used as an

opportunity to improve the service. The complaints procedure was in an accessible format and was on display on the noticeboards in the homes. People told us what they needed to do if they were not happy about something. One person said, "If I wasn't happy I would speak to the staff." We saw complaints were recorded with actions taken. One relative had concerns with the conduct of a member of staff. The registered manager investigated this and as a result the member of staff had been moved from the home and was working under direct supervision of a manager. Staff told us that they would support people to make a complaint if they needed to.

Requires Improvement

Is the service well-led?

Our findings

The provider did not have robust processes that had ensured people finances were managed appropriately which is subject to an investigation. However the registered manager was fully aware of the processes to follow in relation to the supported living service. The system in place protected the person from any potential financial abuse.

At the previous inspection in 2016 we had identified that people and or their representatives were not aware that they could choose a different care provider and still remain in the house that they were living in. We made a recommendation to the provider that they ensured that people and their representatives were reminded of this. On this inspection this had not improved. Relatives that we spoke to were not aware that they could choose a different care provider. One told us, "I have never heard that mentioned and that is very useful to know." Another said that they assumed that they always had to use Mitchells Domiciliary Care Services. We raised this with the registered manager who told us that they had left handbooks in people's homes to explain this but had not taken steps to ensure that people and relatives understood. Since the inspection the provider has told us that they have written to relatives to explain. We will check this on the next inspection.

At the previous inspection in April 2016 we identified a breach in regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Accurate records had not always been kept, staff did not always feel supported and quality assurance was not always used to make improvements. On the whole this had been addressed however some improvements were required with surveys.

There was a system of audits that were being used to improve the quality of care. There were six monthly care reviews (or sooner if required) that looked at all aspects of care planning. The provider undertook audits around care plans, medicines, food, activities and the environment. We did raise with the provider that four people in one of the homes had raised that they required a blind in the conservatory as they could not see the television and that it was hot in there. This was raised in March 2017 and still had not been addressed. The registered manager told us that after the inspection that this was being addressed.

People's and relatives feedback about how to improve the service was sought. Surveys were sent out each year however where gaps had been identified these had not always been addressed. An analysis of questions answered was produced into percentages of positive and negative. However the registered manager had not addressed the negatives raised. For example, in relation to the support they received. We did however see that where people and relatives had made particular comments in relation to improvements the registered manager had responded to these. For example, one relative had asked if their family member could attend church more often and this had been included in the person's activity schedule. People confirmed they attended regular meetings and were asked their views on the running of the service and we saw that these took place.

We recommend that the provider ensures that where quality assurance checks have taken place these are always used to make improvements.

Staff attended regular meetings and these were used as a way of improving the service. One staff member said, "Sometimes my manager comes to our staff meeting. We noticed there was nothing in the garden so we asked if we could plant a vegetable patch and buy some things for people and it was done." We saw that the garden now had the vegetable patch, swing ball and a football set. Minutes of meetings showed staff were encouraged to participate in the running of the service. Discussions included any additional training that may be useful, care planning and safeguarding incidents. Any learning was discussed and changes made where needed.

All staff said they felt they worked well together. One told us, "It does work. I think having the age range of staff is good. The fellas will go to the older staff if they are worried about anything but can go out with the younger staff to buy the latest trends. It's a nice balance." Another member of staff said, "We have good staff who understand and take the time to get to know people." Staff said that they felt supported. One told us, "I feel supported by the team leader and the manager. You give your best to service users and make sure their care needs are met." Another said, "I feel valued and I feel that all staff are respected for the work they do."

When compliments were received these were shared with the staff. Examples of these included, ''Thank you so much for helping me to sort my wardrobe out', 'I'm very happy you (the member of staff). Thank you for all your help and advice', 'Staff are all kind and caring. All very well done.'

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. The registered manager had informed the CQC of significant events. Records were accurate and kept securely.