MiHomecare Limited

MiHomecare - Welling

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

Mihomecare Welling is a domiciliary care agency which provides care in peoples' own homes. It is situated in the London borough of Bexley.

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.

People said the service provided was generally good, although one person said not all the staff were suitable for the tasks allocated to them. They were satisfied with the service and thought it felt safe, was effective, caring, responsive and well led.

The records were kept up to date and covered all aspects of the care and support people received, their choices and identified and met their needs. They contained clearly recorded, fully completed, and regularly reviewed information that enabled staff to perform their duties.

Summary of findings

People were protected from nutrition and hydration associated risks by staff monitoring diets if appropriate and promoting healthy eating. People were encouraged to discuss health and other needs with staff and had agreed information passed on to their GP's and other community based health professionals, as required. This included information that may contribute to decisions made under The Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) processes.

There was a robust recruitment process that was followed. The staff were well trained and said the organisation was flexible, a good one to work for and they enjoyed their work. They had access to training, and support. People said the manager was approachable, responsive, encouraged feedback from them and consistently monitored and assessed the quality of the service provided.

There were enough staff who knowledgeable about the people they supported, the care they required and received support from the agency to provide it. They had appropriate skills and provided care and support in a professional, friendly and supportive way that was focussed on the individual.

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. The agency was suitably staffed; there was a robust recruitment process and people felt safe. There were effective safeguarding and risk assessment procedures that staff understood.

People were supported to take medication in a timely manner and records were completed and up to date. Medicine was regularly audited, safely stored and disposed of.

Is the service effective?

Good

The service was effective. Staff were well trained, supported and received updated guidance appropriate to their roles. People's needs were identified and matched to the staffs' skills. They had access to other community based health services that were regularly liaised with.

People's care plans regarding food and fluid intake and balanced diets were monitored.

Is the service caring?

Good

The service was caring. People felt valued and were involved in planning and decision making about their care. Their opinions, preferences and choices were sought and acted upon. People's privacy and dignity were respected and promoted by staff. Their support preferences were clearly recorded.

People said most staff provided support in an appropriate and caring way. They were kind, professional and attentive.

Is the service responsive?

Good

The service was responsive. The service re-acted appropriately to people's changing needs. Their care plans identified the support they needed and records confirmed they received it.

People told us concerns raised with the agency were discussed and addressed.

Is the service well-led?

Good

The service was well-led. The agency had an enabling culture that was focussed on people as individuals. The manager supported people to make decisions and encouraged staff to give their opinions. There were opportunities for staff advancement within the organisation.

The quality assurance, feedback and recording systems covered all aspects of the service constantly monitoring standards and driving improvement.

MiHomecare - Welling

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.

This was an announced inspection and took place on 27 March 2015. Forty-eight hours' notice of the inspection was given because the service is a domiciliary care agency and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

In July 2013, our inspection found that the service met the regulations we inspected against. At this inspection the service met the regulations.

The inspection was carried out by one inspector.

Before the inspection, we checked notifications made to us by the provider, safeguarding alerts raised regarding people using the service and information we held on our database about the service and provider.

There were 150 people receiving a service. During the inspection, we spoke with ten people using the service, five relatives, six staff and the registered manager.

During our visit we looked at copies of fifteen care plans and ten staff records that were kept in the office. The original versions were kept in people's homes. We also looked at records, policies, procedures and spoke with office based staff. Information, in the records we looked at included needs assessments, risk assessments, feedback from people using the service, relatives, staff training, supervision and appraisal systems and quality assurance.

Is the service safe?

Our findings

People said they thought the service was safe. One person said "I feel safe using the service, they always turn up." One relative told us, "I feel safe leaving my (relative) with the carer." Another relative said, "left in good hands."

The service had policies and procedures that enabled staff to protect people from abuse and harm. Staff were also trained in abuse and harm recognition. They understood what constituted abuse and the action to take if it was encountered.

There was a policy and procedure for reporting, investigating and recording safeguarding and accidents and incidents. Staff had received appropriate training. This included situations that required raising a safeguarding alert and how to raise one. Further safeguarding information was contained in the staff handbook. There was no current safeguarding activity. The service included reviews of safeguarding, accidents and incidents and health concerns that included pressure ulcers as part of its quality assurance system. The information was analysed in order to prevent repeat occurrences, identify any trends and further training that may be required.

There was a thorough staff recruitment procedure that recorded all stages of the process. This included advertising the post, providing a job description and person specification. Prospective staff were short-listed for interview. The interview contained scenario based questions to identify people's skills, knowledge and how they would react to different situations. References were taken up and security checks carried out prior to starting in post. There was a literacy and numeracy assessment and a six month probationary period. Details of the recruitment process for individual staff were detailed in the staff files we looked at. The staff handbook contained the organisation's disciplinary and whistle-blowing policies and procedures.

Prior to the inspection we had received concerns from people using the service and relatives that some calls were made late or missed. The service had reviewed the way it allocated staff to people and staff were given rotas close to where they lived as part of the matching system to cut down travel time. This reduced the possibility of calls being late and people told us the situation had improved as a result.

People's care plans contained risk assessments that enabled people to take acceptable risks and staff to give appropriate support. This included risks arising from people's home environment and equipment required for use, such as hoists. The possible risks identified were to people and staff. If staff felt there was a problem with the equipment used they informed the office, who would pass on this information to the appropriate department or organisation providing the equipment. The risks assessments were monitored, reviewed and adjusted as needed. They were contributed to by people and staff. Staff encouraged input from people whenever possible. Staff were trained to assess risk to people. Staff shared information appropriately and with permission. Staff said they knew people well, were able to identify situations where people may be at risk and take action to minimise the risk. People's consent to the service provided was recorded in their care plans.

Medicine was administered or people encouraged and supported to take their medicine as appropriate. This was carried out by staff who had been trained to do so. This training was refreshed annually and recorded in staff records. Staff also had access to updated medicine guidance. The medicine records for all people using the service were regularly checked, to make sure they were fully completed by staff and up to date.

Is the service effective?

Our findings

People told us they made decisions about their care, when they wanted it and who would provide it. We were told that staff were aware of people's needs and met them in a skilled, patient, relaxed and enjoyable way. They said the type of support provided by staff was what they needed. One person told us, "They arrive on time, unless there is a problem and let me know if they will be late." Another person said that the carers were well equipped to provide the care they required. One person told us, "Some of the staff I get aren't really up to some of the personal care tasks." They said the staff had been changed when the manager was informed. A relative said, "They are good and carry out the tasks they are supposed to."

Staff were well trained and received induction and annual mandatory training. The induction was comprehensive; person focussed, based on 'skills for care' standards, included three days classroom based and seven hours of e-learning. Areas covered included role of the care worker, effective communication, equality and duty of care. The training matrix identified when mandatory training was due. Training included infection control, lone working, medicine, food hygiene and equality and diversity. Each member of staff had a training file and the sample of training files we looked at showed that staff training was up to date.

Staff attended regular staff meetings and received quarterly supervision and six monthly appraisals. They provided an opportunity to identify group and individual training needs. There were staff training and development plans in the staff files we checked.

The agency carried out a pre-service assessment, with the person and their relatives that formed the initial basis for care plans. The care plans included sections for health, nutrition and diet. Food and drink dietary evaluation sheets and nutritional assessments were updated regularly as required. Where appropriate staff monitored what and how much people had to eat with them, to promote a healthy lifestyle and diet. They also advised and supported people to prepare meals and make healthy meal choices. Staff said any concerns were raised and discussed with the person's GP with permission.

People's consent to receive a service was recorded in their care plans and they had service contracts with the agency.

The agency worked closely with the local authority commissioning teams by regularly liaising with them to identify that the care provided was focussed on people's individual needs. The manager was aware of the 'high court' ruling and process to follow should a Deprivation of Liberty Safeguards (DoLS) or mental capacity referral be required. Appropriate staff had also received training that included The Mental Capacity Act 2005 and DoLS so that they were aware of their responsibilities and the appropriate processes to follow. The Mental Capacity Act and DoLS required the provider to submit applications to a 'Supervisory body' for authority. The agency carried out capacity assessments as part of the pre-service assessment. The local authority assessed people's needs that included capacity to make decisions and provided best interest meetings as required. The agency informed the local authority if they had concerns about people.

Is the service caring?

Our findings

People told us that they were treated with dignity and respect by staff and that they turned up on time. They listened to what people said, valued their opinions and provided support in a friendly and helpful way. One person we spoke to told us, “They are good and always very polite.” A relative said, “The carer is fantastic, worth their weight in gold.” Another relative told us “My (relative) like’s proper English food and that is what they get”. People and their relatives confirmed that the service made them aware of advocacy services available through the local authorities in the areas they lived in.

People told us the agency provided enough information about the service. The information was contained in a guide for people using the service, outlined what they could expect from the agency, way the support would be provided and the agency expectations of them. They participated in the needs assessments with the service and agreed service requirements before they were put in place. People told us there was frequent telephone communication with the office about their care and support and way it was delivered. This gave them the opportunity to tell the agency if they were receiving the care required.

People said staff were skilled, patient, knew them and their needs and preferences well. A relative said “This is the best agency we have come across; there are some very poor ones out there.”

Staff knowledge about respecting people’s rights, dignity, confidentiality and treating them with respect were tested at the interview stage of and training provided if required. People said this was reflected in the caring, compassionate and respectful support staff provided. The staff training matrix recorded that staff received training about respecting people’s rights, dignity and treating them with respect. Staff confirmed they had received this training. They also told us they recognised the importance of promoting people’s independence.

Where possible the agency provided people’s preferences of care workers to promote relationships and continuity of care. The care plans provided information about people’s age, any disabilities, race, religion, culture and personal histories so that care workers were better informed about the best way to meet people’s needs.

The agency had a confidentiality policy and procedure that staff said they understood, were made aware of and followed. Confidentiality was included in induction and on going training and contained in the staff handbook. Staff said respecting people’s confidentiality by only sharing information with their permission was very important, unless they thought there was risk of harm to the person.

Is the service responsive?

Our findings

People said that they were asked for their views by the agency, particularly regarding their care and support, way it was provided and if they were satisfied with it. One person said, “My needs are met by my care worker.” Another person told us “I get the support I need”. They said staff enabled them to decide things for themselves, listened to them and action was taken if required. They also felt fairly treated and any ethnicity or diversity needs were acknowledged and met. People said there had previously been issues with some staff arriving at the agreed time, but this had improved over the last few months.

People using the service were fully consulted and involved in the decision-making process before the agency provided a service. Staff told us about the importance of asking the views of people using the service so that the support could be focussed on the individual’s needs.

The agency confirmed the tasks identified in the care plan with people to make sure they were correct and met the person’s needs. They also carried out risk assessments and these were discussed with the person.

The agency had equality and diversity policy and staff had received training. People’s personal information was clearly identified in their care plans. This information enabled care workers to better understand people’s needs, their preferences, choices and respect them. The information gave staff the means to provide the care and support required. Staff were matched to the people they supported according to their skills and the person’s needs. Where possible placement continuity was promoted so that people using the service and staff could build up relationships and develop the service provided further.

The agency monitored and reviewed the care packages with people using the service and staff. This included spot checks. The monitoring information was recorded in people's files and regularly updated. Feedback was requested and there were annual satisfaction questionnaires sent to people. The latest questionnaires had recently been sent and therefore the service was awaiting up to date feedback. Previous feedback received had been analysed, recorded and where required action plans put into place that were regularly monitored. People said the service had improved recently and they felt they had been listened to particularly regarding staff arriving for calls on time and being informed if they were going to be late.

The care plans we looked at were comprehensive, based on the assessment information and regularly reviewed. If needs changed staff completed a communication sheet with people using the service and their relatives that was returned to the office and reviewed by senior staff. This information was shared with other care professionals as appropriate. Other reporting information included weekly report sheets and incident report forms. The care plans were individualised and person focused. People were encouraged to take ownership of the plans and contribute to them as much or as little as they wished. They agreed goals with staff that were reviewed.

People told us they were aware of the complaints procedure and how to use it. The procedure was included in the information provided for them. There was a robust system for logging, recording and investigating complaints. Complaints made were acted upon and learnt from with care and support being adjusted accordingly. Previous complaints had resulted in a full review of the service, how and when needs were met and changes had been implemented that included organising work areas that were more easily accessible to care workers from their homes to make it easier to deliver care at the agreed times. This reduced the opportunity for calls to be missed or late. Complaints had also been investigated regarding staff not completing allotted tasks with appropriate action taken. Staff were aware of their duty to enable people using the service to make complaints or raise concerns and the manager said that complaints were shared with the staff team.

Is the service well-led?

Our findings

People told us that they felt comfortable with and were happy to speak to the manager and staff if they had any concerns. It was also made clear what the service did and did not provide. One person told us, “We have a lot of contact with the office.” Another person said, “They let us know if there is a problem”.

The agency’s vision and values were clearly set out. Staff we spoke with understood them and said they were explained during interview and induction training. They said there was a supportive, clear, honest and enabling management and the support they received from the manager was good. They felt suggestions they made to improve the service were listened to and given serious consideration. A staff member told us, “I am quite happy with the support I receive.” Staff also said there were opportunities to progress within the organisation. A staff member said, “I began as a care worker and am now a supervisor.”

The agency operated a policy of flexibility that fitted in with staff home life needs and requirements where possible and reasonable. A staff member said, “If I have a problem with child care we sit down and work out a solution.” The manager was in frequent contact with staff and this enabled them to voice their opinions and swop knowledge and information.

The records demonstrated that regular staff supervisions and annual appraisals took place. This included input from people who use the service. Records showed people using the service were also encouraged to give their views when spot checks took place. Any further training requirements arising from the supervisions, spot checks or appraisal was provided.

There was a policy and procedure in place to inform other services of relevant information should other services within the community or elsewhere be required. The records showed that safeguarding alerts and accidents and incidents were fully investigated, documented and procedures followed correctly. Our records told us that appropriate notifications were made to the Care Quality Commission in a timely manner.

There was a robust quality assurance system that contained performance indicators that identified how the agency performed, areas that required improvement and areas where the agency performed well. These included regular branch and organisational monitoring and audits of areas such as care plans, timeliness of calls, staff files, risk assessments, training, complaints and medicine recording. The audits had provided information that led to a review of how the branch provided services and met needs. This led to a restructuring of how care workers were allocated calls meaning less travel time between them and reducing the possibility of lateness.

The service carried out spot checks to identify that people were getting the agreed service and three monthly phone reviews and six monthly ‘face to face’ reviews to see that needs were being met. Spot checks did not take place without people’s consent. There was also a six monthly internal branch audit that included contacting people who use the service and getting their views. The service sent out annual satisfaction surveys that were returned direct to the organisation’s head office.