

MiHomecare Limited

MiHomecare - Plymouth

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

The inspection took place on 14 and 19 May 2015 and was announced. At our last inspection on 15, 16, 17 and 22 September 2014 we found breaches of legal requirements related to the assessing and monitoring the quality of service provision and sufficient numbers of suitably qualified, skilled and experienced staff. The provider produced an action plan which explained how they would address the breaches of regulations. At this inspection we found these actions had been completed and improvements had been made.

Mihomecare Plymouth provides domiciliary care services to adults within the Plymouth area. On the day of the inspection Mihomecare was providing support to 266 people. Mihomecare provides a home care service to meet people's needs including physical disability, sensory impairments and mental health needs including people living with dementia.

The service did not have 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'.

Summary of findings

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 manager in post had applied to become the registered manager for the service and was awaiting the outcome of their application.

On the day of the inspection staff within the office were relaxed, there was a calming and friendly atmosphere. Everybody had a clear role within the service. Information we requested was supplied promptly, records were clear, easy to follow and comprehensive.

People all spoke positively about the service they received, one person said “The carers have been a great help to me over the past few weeks. I have not been well at all and they have really supported me with what I need. I would have been in a right fix without them”. Another stated: “I used to be a carer myself, so I know how well they care for me. I have fantastic carers who make it possible for me to live in my own home”.

People told us they felt safe. All staff had undertaken training on safeguarding adults from abuse, they displayed good knowledge on how to report any concerns and described what action they would take to protect people against harm. Staff told us they felt confident any incidents or allegations would be fully investigated.

People told us staff provided consistent personalised care and support. Care records gave people control. Staff responded quickly to people’s change in needs. People

and those who matter to them were involved in identifying their needs and how they would like to be supported. People’s preferences were sought and respected.

People where appropriate were supported to maintain a healthy balanced diet.

Staff described the management to be very open, supportive and approachable. Staff talked about their jobs in a strong positive manner. Comments included, “The management take an active interest, make themselves available and offer good support”, “I do very much enjoy my job” and “I get sent text messages saying thank you, that makes me feel valued”.

People’s risks were managed well and monitored. There was a culture of learning from mistakes. Accidents and incidents were managed promptly, and were appropriately recorded and analysed. Investigations were thorough. There were effective quality assurance systems in place. Action was taken to address areas where improvements were needed, and as a result, changes had been made to drive the service forward.

People had their medicines managed safely. People were supported to maintain good health. Referrals were made quickly to healthcare professionals, such as GPs, physiotherapists and occupational therapists when people’s needs changed.

People knew how to raise concerns and make complaints. People told us concerns raised had been dealt with promptly and satisfactorily. Any complaints made were thoroughly investigated, recorded and fed back in line with MiHomecare’s own policy.

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?

The service was safe. Safe recruitment practices were followed and there were sufficient numbers of skilled and experienced staff to meet people's needs.

Staff had a good understanding of how to recognise and report any signs of abuse, and the service acted appropriately to protect people.

Staff managed medicines consistently and safely.

Good



Is the service effective?

The service was effective. People received care and support that met their needs and reflected their individual choices and preferences.

Staff had received appropriate training in the Mental Capacity Act. Staff displayed a good understanding of the requirements of the act, which had been followed in practice.

People were supported to maintain a healthy balanced diet.

Good



Is the service caring?

The service was caring. People were supported by staff that promoted independence, respected their dignity and maintained their privacy.

Positive caring relationships had been formed between people and staff.

People were informed and actively involved in decisions about their care and support.

Good



Is the service responsive?

The service was responsive. Care records were personalised and so met people's individual needs. Staff knew how people wanted to be supported.

People were supported to have as much control and independence as possible.

Concerns and complaints were taken seriously, explored thoroughly and responded to promptly. The service proactively used complaints as an opportunity for learning to take place.

Good



Is the service well-led?

The service was well-led. There was an open culture. The management team were approachable and defined by a clear structure.

Staff were motivated and inspired to develop and provide quality care.

Quality assurance systems drove improvements and raised standards of care.

Communication was encouraged. People and staff were enabled to make suggestions about what mattered to them.

Good



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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.

The announced inspection took place on 14 and 19 May 2015. Forty eight hours' notice of the inspection was given to ensure the manager and the office supporting staff would be present.

Before the inspection, the provider completed a 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.

The inspection was undertaken by two inspectors. Before the inspection we reviewed information we held about the service. This included previous inspection reports and notifications we had received. A notification is information

about important events which the service is required to send us by law. We also reviewed information we had received from health care professionals, the local authority safeguarding team and people who had raised concerns about the service.

Prior to the inspection we sent out 41 questionnaires to people who were supported by Mihomecare and received 16 responses. We also sent two questionnaires to community professionals and received one response. We used the information obtained in the responses to inform lines of enquiry during the inspection process.

During the inspection we spoke with 14 people who were supported in their home by Mihomecare, four relatives, the regional manager, the branch manager and 14 members of staff. We also spoke with one social care professional, a community care worker, who had supported people who used the service. We carried out four visits to people's homes and observed how staff interacted with people.

We looked at seven records related to people's individual care needs. We viewed four staff recruitment files, training records for all staff and records associated with the management of the service including quality audits.

Is the service safe?

Our findings

At our last inspection on 15, 16, 17 and 22 September 2014 we found breaches of legal requirements related to sufficient numbers of suitably qualified, skilled and experienced staff. The provider drew up an action plan which explained how they would address the breaches of regulations. At this inspection we found these actions had been completed and improvements had been made. The provider now met the legal requirements.

People told us they felt safe. Comments included, “I always feel safe, that is important in your own home” and “I certainly feel very safe indeed”. Relatives comments included, “I do feel my wife is very safe with the support she receives”, “I feel my husband is safe, when the carers support him, I’m happy to go out and leave them with him” and “My mum is safe, the carers are very good”. The manager said, “Above all I want people to feel safe and we do everything we can to make that happen”.

People were protected by staff who had an awareness and understanding of signs of possible abuse. Staff were able to describe different forms of abuse and felt reported signs of suspected abuse would be taken seriously and investigated thoroughly. Staff comments included, “We are actively encouraged to report any concerns we have, we are supported throughout the process and feedback is always given on the outcome” and “I would immediately report anything, I wouldn’t wait till the end of my shift”. Staff were up to date with their safeguarding training and knew who to contact externally should they feel that their concerns had not been dealt with appropriately.

People were supported by suitable staff. Robust recruitment practices were in place and records showed appropriate checks were undertaken to help ensure the right staff were employed to keep people safe. Staff confirmed these checks had been applied for and obtained prior to commencing their employment with the service. One member of staff said, “I had to wait for all my checks to be completed before I was even offered my post”.

People told us they felt there were enough competent staff employed by the service to meet their needs and keep them safe. People told us that missed visits used to occur occasionally, but more recently this had been much improved. Comments included, “Staff arrive on time and they don’t cut corners or clock watch, it’s been good” and

“Staff arrive on time or thereabouts and stay for the right amount of time”. A relative commented, “The last few months have been really good, things have definitely improved. I don’t have any concern regarding staffing levels”. Staff told us they felt there were sufficient numbers of staff to support people. Comments included; “I do feel we have enough staff” and “I help to complete the rotas and I feel there are enough staff to meet the current needs of people”. The manager and regional manager confirmed the service was fully staffed, that they reviewed staffing numbers regularly based on people’s needs and ensured they had staff in place with the right skills before they accepted to support new people.

Before MiHomecare provided support to people, a comprehensive initial risk assessment took place. This confirmed the service would be able to safely meet the needs of the person concerned and took account of risks associated with lone working, ensuring staff would be protected. Environmental risk assessments indicated where risk could occur and measures were put in place to minimise the likelihood of incidents occurring. For example, one assessment raised the benefit of moving electric cables that had been highlighted as a potential trip hazard. The matter was discussed by all parties involved and a positive safer outcome for the person was reached. This ensured the person was involved in any decisions they made about any risks they took and allowed them to retain freedom, choice and control.

People were supported by staff who understood and managed risk effectively. Risk assessments recorded concerns and noted actions required to address risk and maintain people’s independence. Staff confirmed they highlighted any issue they felt could have a negative impact on people’s ability to remain safe and as independent as possible. Each concern was reported to the office staff, who acted promptly and appropriately to address the identified risk. For example, staff told us how they had reported to the office that one person had mislaid their personal alarm and another person’s fire alarm had broken. Both had been replaced the same day.

People were supported to take risks from staff who gave them the information they needed to make informed choices. Staff put strategies in place when risks were identified, so they could be anticipated and managed appropriately. For example, the manager commented on how staff had noted one person they supported had

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several cigarette burns on their clothing. Staff were concerned that the person often fell asleep whilst smoking and this had a huge impact on their safety and wellbeing. The manager spoke with the person and informed them of the risk with smoking and potentially falling asleep. The person still chose to continue to smoke. The manager with consent spoke with the fire service, who conducted a full risk assessment and provided a fire blanket that would help keep the person safe. The manager also spoke with social services to gain the authority of an evening welfare check after the person had enjoyed their last cigarette of the day. The manager said, "The person knew all the risks and they chose to smoke, we respected that choice and did everything we could to help make sure they remained as safe as possible".

People told us that staff managed their medicines consistently and safely. Allergies to specific medicines were recorded where appropriate to keep people safe. Staff were appropriately trained and confirmed they understood the importance of safe administration and management of medicines. Staff confirmed that the management of medicine had been an area of improvement recently and as a result medicine errors had been eradicated. The area manager told us how a new medicine error log had been introduced and each reported incident would be promptly and thoroughly investigated. This would help ensure incidents led to improved practice and prevented them from happening again. We found that there had been no medicine errors reported for the month of May 2015.

Is the service effective?

Our findings

People felt supported by well trained staff who effectively met their needs. Comments included: “The care I get is wonderful. I’m sure they all have the right training, I think they are all well trained” and “The staff I have are certainly well trained.” A relative said, “The carers all know exactly what to do. They are excellent at supporting my husband”.

Staff confirmed they received a thorough induction programme and on-going training to develop their knowledge and skills. Newly appointed staff shadowed other experienced members of staff until they and the service felt they were competent in their role. Staff comments included, “I had a very good induction, it was really helpful” and “After I had shadowed other staff, I had a meeting to discuss if I felt ready to support people on my own or if I needed additional shadowing. I felt confident so I declined additional support”. The manager told us, staff could openly discuss and request additional training and would be supported to obtain their desired course. Staff confirmed this. For example, one staff member told us, “I asked if I could do my NVQ and I’m currently half way through doing it”. Another said, “I spoke with [...] and said I would like to increase my knowledge. [...] suggested an NVQ, I said yes and I was put on it”.

Supervision was up to date for all staff. The regional manager commented that supervision was a way staff could be included in the process of driving improvements. Open discussion provided staff the opportunity to highlight areas of good practice, identify where support was needed and raise ideas on how the service could develop and move forward. Staff confirmed they felt motivated to always strive to better themselves. Comments included, “We get asked how we are feeling, not just how we are doing, which for me is really good” and “I enjoy supervision, I get a chance to discuss my concerns and make suggestions. I feel [...] really listens, changes happen”.

People, when appropriate, were assessed in line with the Mental Capacity Act 2005 (MCA). The MCA provides the legal framework to assess people’s capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. Staff displayed an understanding of the requirements of the act, which had been followed in practice. Care records

evidenced where the service had been involved in and supported best interests decisions that had been made. The decisions had been clearly recorded to inform staff. For example, one care plan highlighted where an independent mental capacity advocate (IMCA) had been involved along with staff from the service to make a best interests decision regarding whether a person should stay in their own home. The record clearly stated what staff needed to do to help ensure they provided effective support that reflected the decision that had been made.

People where appropriate were supported to have sufficient amounts to eat and drink. Staff commented how they monitored people’s food and fluid intake and communicated with each other to help ensure people maintained a healthy balanced diet. For example, one staff member told us how they supported a person living with dementia to get the nutrition they needed. They explained how if the person chose not to have their breakfast during the morning visit, they would leave a note for the next care worker, detailing this and request they ensured the person was supported to eat at their next visit. This would be closely monitored. If it was felt that the person was not having sufficient amounts to eat, then a referral would be made to a relevant healthcare professional to seek advice and additional support.

Records showed how staff either made a referral or advised people who used the service to seek relevant healthcare services when changes to health or wellbeing had been identified. Communication sheets evidenced where GPs had been contacted when people had expressed feelings of being unwell or a change in a person’s physical appearance had been noticed. For example, one member of staff commented how they identified one person was having difficulty using their right arm. They felt this impacted on their ability to carry out certain tasks independently. They contacted the office who made a referral to the occupational therapy team.

The staff member said, “I see [...] everyday, so I’m able to notice the smallest change, it’s important we share our concerns so [...] is kept safe and gets the help she needs”. One person told us, “It’s because of the excellent care I receive that I am able to remain living in my own home. I like to maintain bits of my independence and staff know that. I do the small bits that I can and they support me with the bits I can’t, it’s fantastic”. Another staff member told us

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how they would be mindful of people who had been diagnosed with having diabetes, and pay particular attention when supporting people to have their feet washed, to note any changes.

Is the service caring?

Our findings

People and those who mattered to them felt positive about the caring nature of the staff. They spoke highly of the quality of the care they received. Comments included; “I have lovely girls visit me, I can’t fault any of them”, “Kind staff, very caring” and “I’m very much treated with kindness and respect”. Relatives told us; “I am absolutely happy with the care she gets. Always polite and courteous, no problems at all” and “They treat my wife with the upper most respect and kindness, I can’t fault them”. A social care professional commented that staff bent over backwards to care for people.

People said they received support from a consistent staff team which had helped them to form strong relationships. Comments included, “I’m used to the carers and they are used to me, I feel very lucky” and “I have fantastic carers, they are very good and I have a great relationship with them”. Staff told us they knew the people they cared for well. One member of staff said “I like to build up a good relationship with people I support. I talk with them and take interest in them, so when I provide care they feel as comfortable as possible with me” another staff member told us, “I see mainly the same people which is good, I go out of my way to do extra to help people”. A relative relayed how they felt overwhelmed by the staff’s caring nature and how well they knew people. They said; “Staff know my husband really well and understand his needs, I have a core of really good carers”.

People were given timely information and explanations about their support, so they could be involved in making decisions about their care. Staff knew people’s individual communication needs well, and were skilled at responding to people appropriately. For example, staff told us how they would use flash cards and photographs to help a person express their needs, have a voice and advise staff how they wished to be supported.

People were supported by staff who showed concern for their wellbeing in a meaningful way. Staff told us how they interacted with people in a caring, supportive manner and took practical action to relieve people’s distress. For

example, one member of staff explained how they helped one person who was upset and fearful of having to move into a residential home. They talked us through how they had comforted the person, spoken with them about the positives of such a move and reassured them that their concerns mattered and no decision would be made without them being involved. Another staff member told us how they acknowledged people’s fear around being hoisted and the lack of control people felt during this process. They said they would talk through exactly what they were doing with people; gain people’s trust and confidence go at the person’s pace.

People were supported by staff to maintain their independence. Comments included, “I feel at ease with the support I get, I’m encouraged to do what I can which I like, for example, I can’t peel vegetables so the carers do that for me, but I can still cook”, “They promote my independence” and “I’m able to maintain bits of my independence”. Staff gave us examples of how they supported people to be as independent as they could be. This included, allowing people enough time to fulfil tasks for themselves and not just doing things for people but asking people if they wanted or could do things independently. One member of staff said “I ask people what they want to do. We promote their independence as much as possible but help when needed”.

People told us their privacy and dignity needs were respected by staff who understood and responded to their individual needs. Comments included, “I couldn’t ask for better carers, they very much respect my dignity. I would be lost without them” and “Staff are very good at maintaining my privacy and dignity”. One relative told us, “The carers always respect mum’s dignity and make her feel comfortable when providing very personal care”. Staff informed us of various ways people were supported to maintain their dignity. For example, one staff member commented how they would support people to gain access to a commode or a toilet, but would then leave the room so they had privacy. Another member of staff talked about how they maintained eye contact with people, and covered people with towels whilst providing personal care, and always kept curtains and doors closed.

Is the service responsive?

Our findings

Care records contained detailed information about people's health and social care needs. They were written using the person's preferred name and reflected how people wished to receive their care. For example, one person explained how they liked to be bathed by older female members of staff. They said, "I can ask anything, I told them, I preferred older women to help me to bath. They respected that and that's what I get".

People were involved in planning their own care and making decisions about how their needs were met. Comments included, "Anything I ask them to do in our time, they'll do it", "If I want something done differently, they do it" and "I have choice over everything, I get things done how I want them done". Staff were skilled in supporting people to do this and assessing people's needs. Staff told us how they adapted their approach with people on a daily basis, based on how the person felt on any given day. For example, one person who lived with dementia often liked things done a certain way. Staff ensured, despite knowing the person well, they still asked them how they wished to be supported. A staff member said, "Despite the fact that I know the people I support really well, I still ask people how they would like me to provide care, it can change from day to day". Another member of staff commented, "I don't presume what people want to eat or wear, I ask them". A relative commented, "The carers adapt to my husband's needs daily, like today, he did not want to get out of bed, the carers just know exactly what to do and how to care for him".

Staff told us how they were able to support people to maintain relationships with those who mattered to them. For example, one staff member told us how they supported a person who was very upset as they believed their family had forgotten their birthday. The staff member knew the person's birthday had taken place the previous month. They took time to explain this to the person, helped them to locate the cards they had been sent by their family, and read them to the person so they felt comforted and in touch with their family.

People's needs were reviewed and updated regularly. The manager confirmed that people had both face to face reviews and telephone reviews on a three month rotation or if a change in need had occurred. Staff said they regularly discussed people's support arrangements and

were kept updated about any changes. Comments included, "We are always told to read the care plans on arrival in people's homes, if changes have happened and the care plans have not been updated, then we receive a text or a phone call about the change" and "The office always updates us of any changes that have happened that affects the support we need to give".

People were encouraged and supported to maintain links with the community to help ensure they were not socially isolated or restricted due to their disabilities. Staff told us how they took people out into the community for walks or to go shopping. One person commented, "What's really nice is that when I feel up to it, I can choose to go out, this is important to me". A staff member said, "I take one lady out as she enjoys watching the world go by". A relative told us, "One or two of the carers take my husband out in their car, that is really good of them and great for him".

The service had a policy and procedure in place for dealing with any concerns or complaints. A copy of the complaints policy was included in people's care records, within their homes. People told us they knew who to contact if they needed to raise a concern or make a complaint. Comments included, "When I raise any concerns, they sort it out straight away", "I'm not a confrontational person, but I still feel comfortable to raise concerns. Both time I have raised concerns, it was dealt with" and "No complaints or concerns whatsoever, I get a really good service". Relatives, who had raised concerns, had their issues dealt with straight away. They said, "Recently when I raised a concern it was sorted out straight away" and "If you'd asked me last year my answer would have been very different. Now if I let the office know any complaints I have they get them sorted".

We looked at the written complaints made to the service in the last 12 months. Each complaint had been responded to in a timely manner and thoroughly investigated in line with MiHomecare's own policy. Appropriate action had been taken and the outcome had been recorded and fed back. For example, one person had made a complaint about a missed visit and the financial implications that had caused with regards their invoice. The service had acknowledged the complaint, and thanked the person for raising it. They carried out a full investigation. This led to a change in

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practice. New processes had been implemented to reduce the likelihood of the incident occurring again in the future, and a full reimbursement was made of any financial losses incurred.

Is the service well-led?

Our findings

At our last inspection on 15, 16, 17 and 22 September 2014 we found breaches of legal requirements related to the assessing and monitoring the quality of service provision. The provider drew up an action plan which explained how they would address the breaches of regulations. At this inspection we found these actions had been completed and improvements had been made. The provider now met the legal requirements.

The regional manager and the manager took an active role within the running of the service and had good knowledge of the staff and the people who were supported by MiHomecare. There were clear lines of responsibility and accountability within the management structure. The service had notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal obligations.

People, friends and family and staff all described the management of the service to be approachable, open and supportive. One person said, “They are very professional, they phone up or come and see me and make sure everything is ok, and I’m getting a good service”. Relatives told us, “The manager came out to our home when new carers had started to introduce them to us” and “If I call the office to speak with the manager, I am put through straight away”. Staff comments included; “Management are approachable, you can talk to them and they listen” and “[...] has an open door policy. I’m not afraid to ask any questions she is very approachable, and very team orientated”. A social care professional commented that the management were very supportive in accommodating all their requests and communication was good.

The manager told us staff were challenged to find creative ways to enhance the service they provided. Staff told us they felt encouraged to share their opinions and ideas they had. A suggestion box had been placed in the office to support staff to do this. Staff comments included, “There have been dramatic changes for the better, staff are being encouraged to think of things that will improve how we support people” and “The management are always thinking of new ways to gain staff ideas, they are looking into a staff forum where suggestions can be made over the net, for staff who find it hard to get into the office.” The manager talked through changes to practice that had been implemented following ideas from staff that had been

acted upon with success. For example, spare blank forms, which included, body maps, medicine administration records and daily comment sheets were now held in a file in the office. This was following staff recommendations so they could access them whenever they needed without having to ask office staff to print them off, which saved valuable time.

The manager told us one of their core values was to have an open and transparent service. The provider sought feedback from people and those who mattered to them in order to enhance their service. Telephone questionnaires were conducted that encouraged people to be involved and raise ideas about improvements that could be made. For example, additional phone lines had been installed in the office and a new full time post for an administration assistant had been advertised. This action had been taken to address feedback from people that communication was not always consistently good when they tried to contact office staff. A relative said, “Things have really started to improve over the last few months, communication was very poor, but this has very much improved of late”. A staff member told us, “The manager genuinely cares for people, this really comes through and we share their passion”.

Staff meetings were regularly held to provide a forum for open communication. Staff comments included, “Staff meetings are good, we get feedback on previous concerns we have raised and can see changes are made” and “meetings are worthwhile, we get a chance to say how we feel, and get listened too”.

The manager inspired staff to provide a quality service. Staff told us they were happy in their work, understood what was expected of them and were motivated to provide and maintain a high standard of care. Comments included; “I love my job, I absolutely do”, “As a person I feel valued and supported, I’m happy” and “I feel very supported, I enjoy my job and it is very rewarding in the fact you can really help people”. The regional manager commented, “I find the whole team really do care, it’s the approach I like to see”. The manager said, “My ultimate aim is to make every person feel really well cared for”.

The service had an up to date whistle-blowers policy which supported staff to question practice. It clearly defined how staff that raised concerns would be protected. Staff confirmed they felt protected, would not hesitate to raise concerns to the manager, and were confident they would act on them appropriately. One member of staff

Is the service well-led?

commented, “We are actively encouraged to report any concerns we have regarding whistle blowing. This has been raised at meetings and I know support would be given throughout the process”.

There was an effective quality assurance system in place to drive continuous improvement within the service. Audits were carried out in line with policies and procedures. Where shortfalls in the service had been highlighted, we saw action had been taken to resolve the issues. For

example, a medicines audit had led to a change in practice. A new medicine error log and investigation sheet had been developed to prevent further errors from occurring. The medicines policy was in the process of being reviewed and updated to reflect this change. The manager commented, “There are always ways we can improve and we will continue to do so”. The regional manager told us, “it is not just about improving things, but maintaining them”.