MiHomecare Limited

MiHomecare - Ilford

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 unannounced inspection took place on 11 August 2015. At the last inspection of this service in July 2014, we found breaches of legal requirements. This was because risk assessments for people were not thoroughly recorded. People's care plans and risk assessments did not set out how and when they required support to take their medicines. Care plans and risk assessments were not reviewed and updated when people's needs changed. Complaints and concerns were not effectively dealt with. There was a lack of a robust quality assurance and audit process to check if people's needs were being met and that the service was operating safely. The provider sent us an action plan stating the steps they would take to address the issues identified. On 11 August 2015, we undertook a comprehensive inspection to check that the provider had followed their plan and to confirm that they now met legal requirements. At this inspection we found improvements had been made and that the service now met the required standards.

Summary of findings

MiHomecare Ilford provides personal care and support to people in their own homes. The service has a registered manager in place. 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.

People told us they felt safe and trusted the staff who came into their home to support them. Staff demonstrated a good understanding of how to safeguard adults at risk of harm. Appropriate risk assessments were in place to reduce the risk of harm. The service had an effective system in place to recruit staff.

There were enough staff to provide the support people required. People were supported by a consistent team of staff and told us they were reliable.

People were supported to have their medicines safely. Staff were trained in safe handling and administration of medicines. The medicine procedure was based on good practice guidelines.

People made positive comments about the staff and told us they had confidence in their abilities. We saw the service had a comprehensive induction programme in place and the staff had access to on going training and supervision.

People were supported to have a good diet. Where staff identified concerns regarding weight loss they would report their concerns to their supervisor or the person's family member.

The service worked to the principles of the Mental Capacity Act 2005 and staff supported people to make their own choices about their care.

Care was planned and delivered in partnership with people and their families. Care plans were person centred and focused on people's well-being. Care was reviewed on a regular basis.

People knew how to make complaints. The service investigated complaints and were keen to improve the service. Care staff told us they enjoyed working for the organisation and felt supported.

The provider's quality team carried out regular monitoring visits to the service. The team completed audits to assess the quality of the service and made recommendations for any improvements, which were followed up by the registered manager. People and staff felt involved and able to make suggestions or raise concerns.

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. People were protected as systems were in place to ensure their safety and well-being.

Staff had received training with regard to keeping people safe and knew the action to take if they suspected any abuse.

People were supported by staff who were trained to administer medicines appropriately.

Good

Is the service effective?
The service was effective. People received care from a staff team who had the skills and knowledge to meet their needs.

People were asked for their consent before care was given.

Staff liaised with other professionals to make sure people's healthcare needs were met.

Good

Is the service caring?
The service was caring. People felt staff were caring and attentive.

People were involved in decisions about their care and support. They felt able to discuss their wishes with staff and the registered manager.

Good

Is the service responsive?
The service was responsive. People received personalised care and support which took account of their preferences.

The registered manager matched staff to people using the service to make sure they received care from staff who shared their interests and values.

People were aware of how to make a complaint and felt any concerns raised would be dealt with.

Good

Is the service well-led?
The service was well led. The manager was approachable which created an inclusive atmosphere for people who used the service and staff.

There were systems in place to monitor the quality of the service, ensure staff kept up to date with good practice guidelines and to seek people's views.

People benefitted from a staff team who felt well supported in their roles.

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.

This inspection took place on 11 August 2015 and was announced. The provider was given 24 hours notice because the location provides a domiciliary care service to people in their own homes and we wanted to ensure that the registered manager was available to speak with us. The inspection was carried out by two inspectors who visited the location office. An expert by experience conducted telephone interviews after the inspection. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before we visited the service we reviewed the information we held about it. This included information about any specific events such as incidents taking place within the service. The provider is required by law to notify us of these, including events affecting people's safety or accidents occurring to people while they are receiving care.

We spoke with 15 people who used the service, plus two friends and relatives. We also spoke with the registered manager and four care staff.

We reviewed the care records and risk assessments for five people and records for five members of staff in respect of training, supervision, appraisals and recruitment. We also looked at a selection of records that related to the management of the service, such as quality assurance checks and minutes from staff meetings, the complaints file and staff training.

Good

Is the service safe?

Our findings

At our last inspection of this service in July 2014 we found that people's care plans and risk assessments did not set out how and when they required support to take their medicines. During this inspection we found that these issues had been addressed. We saw that most people were responsible for managing their own medicines. However, staff prompted some people to take their medicines where necessary and in some instances were responsible for administering medicines. Staff had undertaken training in the management of medicines and were aware of their responsibilities when supporting or prompting people with their medicines. One person said, “They always make sure I have taken my tablets and write it up in the record book.” We saw records that showed how staff were observed when carrying out this task and supervised as part of their induction and medicines training. Therefore, care and support was planned and delivered in a way that ensured people’s medicines were safely administered.

People told us they felt safe with the staff. One person told us, “The staff make us feel safe. If they are going to be late they ring the office and then ring us.” Another person said, “I feel totally safe with my carers. They come on time and are very proficient.”

Staff supporting people had completed training in safeguarding adults. A safeguarding policy was available and staff were required to read it as part of their induction. Staff were knowledgeable about how to recognise signs of potential abuse and the relevant reporting procedures. They told us about their responsibilities to raise concerns about suspected abuse and the records they needed to keep. Staff could clearly explain how they would recognise and report abuse. They were confident that the registered manager would take appropriate action in response to any concerns raised.

Staff recruitment records showed that the necessary pre-employment checks were completed before they started working for the agency. For example, a Disclosure and Barring Service (DBS) check was completed and two references were sought. A DBS check allows employers to check whether the applicant has any criminal convictions that may prevent them from working with people who needed support. This meant that people received support from staff who were of good character.

There were sufficient numbers of staff available to meet people’s needs. Staffing levels were determined by the number of people using the service and their needs. Staff and relatives did not raise any concerns with us about staffing levels. They told us that two staff would be sent out to a person’s home if required. The care plan and risk assessment identified this need. People confirmed to us that if two staff were required they would always come at the same time. If staff were unable to attend a call they informed the office and cover was arranged, so that people received the support they required. The service had a call monitoring system, which acted as a safeguard to reduce the risk of missed calls.

Risks to people and staff were assessed before the service began. Specific risk assessments and risk management plans were available for health conditions such as epilepsy and diabetes. Other risks were also identified and we saw documentation to show steps to be taken by staff to reduce risks associated with these conditions such as infection control, difficulty swallowing, a person’s home environment, mobility and falls, smoking, personal medical or health issues and general wellbeing. Reviews of risk assessments were recorded. This meant that relevant risks had been identified and there was sufficient information recorded about how the risks would be managed. Senior staff carried out periodic checks to assess if sufficient systems were in place to keep people safe. Staff completed health and safety training and told us that any concerns would be reported immediately to the person using the service, their relatives and to managers. Therefore, people were protected from the risks of unsafe care and treatment.

Good

Is the service effective?

Our findings

At our last inspection of this service in July 2014 we found that people were at risk because staff did not always have appropriate skills to safely support their specific needs. They did not consistently apply the learning from the infection control training they had completed. At this inspection staff confirmed that senior staff regularly observed their practice. For example, how they followed infection control measures, provided personal care and observed their moving and handling techniques, in order to check if they were competent to carry out these tasks. Staff confirmed that they received specific training in order to meet people's individual needs. For example, epilepsy management, diabetes awareness, infection control and tissue viability, dementia awareness and end-of-life care. This was in addition to training considered mandatory by the provider such as safeguarding adults. Where issues were identified, these were addressed in individual meetings with the staff. Additional retraining was arranged when needed to make sure that all staff were fully competent to carry out tasks and effectively meet people's needs.

At our last inspection in July 2014 we found that staff did not receive supervision in line with the provider's policy. At this inspection staff confirmed that they received regular supervision (one to one discussions with a senior person) and appraisal from their manager. These processes gave staff an opportunity to discuss their performance and identify any further training needs. It also gave them an opportunity to discuss any issues or concerns about the people they supported.

People who used the service and their relatives were positive about the staff and told us they had confidence in their abilities. The following comments were received, "They certainly know what they are doing. They have to use the hoist for my wife and are very professional." "The carers are well trained and know what they are doing. They always ask my husband's consent before they do any personal care."

We found that newly appointed staff completed an induction programme and shadowed an experienced staff member before they worked alone. People told us new staff usually worked with existing staff until they had learned their routines.

Most people did not require assistance or support with regard to their nutritional needs. However, a few people required staff to prepare meals for them and some required staff to encourage or monitor their intake of food and drink, as part of their 'care package'. We saw from the daily notes that staff worked in accordance with people's care plans and the guidance therein. For example, if any concerns were identified regarding a person's nutritional needs, staff told us that they would report their concerns to their supervisor or the person's family member.

Staff were aware of the Mental Capacity Act (MCA) 2005 and had received training in this subject. The MCA protects people who might not be able to make informed decisions on their own about their care or treatment. When people were assessed as not having the capacity to make a decision, a best interest meeting was held involving relatives and other professionals, where relevant. The registered manager told us that no one was subject to an order of the Court of Protection and that each person had the capacity to make their own decisions, although sometimes people chose to be supported by family members. People told us that staff always explained what they were doing and asked them before helping with personal support. One person said, "Our carers know exactly how to do the job. They always ask before they do any personal care."

A discussion with the registered manager confirmed that, where it was part of a person's care package or within the service's remit, people were supported to access other healthcare professionals as needed. We saw that specific guidance was in place for some people, which explained clearly what action should be taken by staff and when or if professional medical intervention should be requested.

Staff were matched to the people they supported according to the needs of the person, ensuring that communication, cultural and religious needs were met. For example, people who were unable to speak English, received support from staff who were able to speak and understand their language as well as their traditions and religious observance. The registered manager enquired about people's interests and hobbies during the assessment, so that staff from similar backgrounds were allocated to them when possible.

Good

Is the service caring?

Our findings

At our last inspection of this service in July 2014 we found that people did not always receive consistent care and support from staff they were familiar with. At this inspection people told us they usually had the same care workers and communication between them was good. The seniors allocated staff to local geographical areas to avoid issues relating to lateness or care being provided by staff they were not familiar with. The service also continuously recruited and trained new staff to avoid having to re-deploy them constantly. This meant that people received care from staff they were familiar with and who provided consistency of care.

Everyone we spoke with told us that they felt well cared for by the staff. One person said, “My carers give excellent service and care. I can’t fault them.” Another told us, “Our carers are good. They treat my wife with respect and try to keep her as independent as possible”

People told us that they felt respected by the staff and we noted in people’s care records that the way people preferred to be addressed was appropriately recorded, together with clear instructions for staff regarding how they should enter a person’s home. Some people had a key safe and staff were required to let themselves in to the person’s house. For other people, staff would knock on the door and wait to be invited in by the person or their family member. One person told us, “They let themselves in but they always call out to let me know they’ve arrived.”

There were policies, procedures and training in place to give staff guidance about treating people with privacy and dignity. People told us that they were always given choices and that they were treated with dignity and respect. A person told us, “They are very respectful, they know how to help me.” Staff explained to us how they made sure people received support with their personal care in a way which promoted their dignity and privacy by closing doors and knocking on the door before entering.

People's independence was promoted. They told us that staff encouraged them to do things for themselves. They had been involved in developing their care plans and identified what support they required from the service and how this was to be carried out. The care plans we looked at showed that people had been involved in planning their own care. The care plans were updated when people’s needs changed. People told us, “The care they give me is excellent. They are polite and courteous. They came and visited when I was hospitalised. They are totally respectful and always make sure that I do as much as possible myself. As my health improved the manager came and visited me to rearrange my care.”

Staff had received guidance about how to correctly manage confidential information. They understood the importance of respecting private information and only disclosed it to people such as health and social care professionals on a need to know basis.

Good

Is the service responsive?

Our findings

At our last inspection in July 2014 we found that people's specific needs were not being met because there was a lack of accurate personalised care, treatment and support records. This meant that staff did not have sufficient information about how to meet people's specific needs. People told us they were not involved in planning their own care. During this inspection we saw that people's needs were assessed before they started using the service, to ensure the service could meet their needs appropriately. The assessments involved people who were considering using the service as well as their relatives and/or friends with their permission. Where the local authority was involved in arranging the service, information was also provided by them. Care plans were personalised and outlined people's specific needs and how these should be met by staff. One person told us, "The care we get from the carers is excellent. They are very respectful of my husband. We were involved in the planning of my husband's care."

At our last inspection of this service in July 2014 people felt that their complaints were not adequately listened to or responded to. During this inspection people and their relatives told us they were aware of the complaints procedure and felt able to ring the office to speak to the manager if they had any concerns. The complaints record showed that any concerns or complaints were responded to appropriately and each entry included the outcome of any investigation. People told us, "I have never had to complain and I am very happy with the service. The office ring up occasionally to make sure everything is alright." And "I did complain at the very beginning (8 months ago) about my first carer who treated me a bit like a child, a bit patronising. That carer did not stay when I raised it and the change was made."

People who used the service spoke positively about the manner in which staff developed an understanding of their personal likes and dislikes and responded to them. We saw that each person's 'care package' was person centred around their specific needs. We received the following comments, "My current carer knows exactly what I like and dislike." "They always check my catheter and make sure I have taken my tablets. It's all recorded in the book." "They always check each morning if my wife has started to develop any pressure sore and treat it if they see any signs." The registered manager and staff had a good knowledge of people's histories and preferences, which they told us about and gave us individual examples.

We saw that the registered manager regularly checked people's care records to ensure they were kept up to date and accurately maintained. Where the supervisor identified any concerns these were raised with the relevant members of staff and rectified.

We also noted that where people's needs changed, their care records were reviewed and updated promptly. This confirmed to us that staff delivered care in a way that was focused on each individual and that staff responded flexibly when a person's needs changed.

Individual care plans were kept in people's own homes and information included the initial needs assessment, a daily log, risk assessments, personal history and what they required assistance with. Some people required full assistance with personal care such as bathing and dressing, some required prompting and support with taking medicines or preparing and eating meals so staff were clear about people's individual needs and the level of support they needed.

We spoke with people about the reliability of the staff and the service. We asked whether the care staff arrived on time and whether any visits were missed or cancelled. Everyone we spoke with responded positively to our questions, with comments such as, "They come four times a day and are always on time." "They generally arrive on time, but with evening calls they can be a bit late. They do their work and then leave which can be a bit before their allotted time." When we asked people if they knew all the care staff, one person told us, "I have a regular group of carers who I feel very safe with". Another person said, "I normally get the same carer each day. I have no concerns they are really lovely. The always turn up on time." This means that people received care and support from a consistent group of staff who were aware of how to meet their needs and they could rely upon.

Good

Is the service well-led?

Our findings

At our last inspection in July 2014 we found that there was a lack of a robust quality assurance and audit process to check if people's needs were being met and if the service was operating safely. During this inspection we found that the service had a number of quality monitoring systems including yearly surveys for people who used the service, their relatives and other stakeholders. People confirmed that they were asked about the quality of the service and had made comments about this. They felt their views were taken into account in order to improve service delivery. We saw that the manager valued feedback from everyone involved in the service and this information was used to improve the service. These systems also included regular spot checks by senior supervisors and any learning from accidents and incidents in order to improve the service.

People were satisfied with the service. They were positive about the management of the service. Comments included, "We are happy with the service we get from the office. They rectified an early problem promptly." "The office is quite good. They are better than they used to be in the past." They told us that the office telephoned when staff were running late or if a different person was visiting, they were given their name. They found this very helpful.

There was a clear management and staffing structure at the service. The staff group were divided into small teams each led by a team supervisor and a senior staff. This meant there were clear lines of responsibility and everyone had access to senior staff to share concerns and seek advice

Staff were fully aware of their role and the purpose of the service they delivered. They told us that people who used the service were always their priority and they treated them with dignity and respect. They were positive about the support and advice they received from the management team. There were regular staff meetings at times which were suitable for them to attend. We saw that staff were able to comment and make suggestions for improvements to the service. Staff told us that these meetings were a positive experience.

Staff told us they enjoyed their work and felt well supported. To recognise good practice and increase staff morale all compliments received were shared with the staff team. The organisation also had an award for staff who were nominated to the "mitie" star scheme, where by staff received a certificate, star badge and a monetary award as a token of appreciation as well as to drive improvement of the service, where staff had performed well.

We found that the registered manager and the quality audit team regularly carried out reviews and audits of people's care records and risk assessments. This was to help ensure that the service provided and the relevant records continued to be up to date, accurate and fit for purpose. The registered manager was aware of the legal responsibilities of being a registered person and had notified the Care Quality Commission of all significant events in line with their legal duties.