MiHomecare Limited

MiHomecare - Tower Hamlets

Inspection report

224-254 Cambridge Heath Road
London
E2 9DA

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01 December 2021

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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

Summary of findings

Overall summary

About the service
Mihomecare – Tower Hamlets is a domiciliary care agency. It provides personal care to older people and people with physical disabilities in their homes under contract to the London Borough of Tower Hamlets. At the time of our inspection there were 241 people receiving personal care from the service.

People's experience of using this service and what we found
People told us they were treated with dignity and respect by their care workers. One person said, "They are very kind and cheer up my day." People spoke of their care workers taking appropriate infection control measures, arriving on time and doing what was expected of them.

People reported their care workers listened to them and understood their needs and no-one felt rushed when receiving care. Some people spoke of not being able to get a care worker who spoke the language they spoke, but the provider was taking action to address this.

The majority of people we spoke with told us they had not experienced problems contacting the office, although this was not always the case, and in most cases issues were resolved promptly by managers.

There were suitable systems for providing safe care. There were enough staff recruited safely and deployed in a way which meant people's needs were safely met. The provider identified risks to people's wellbeing and took appropriate steps to reduce these risks.

Medicines were safely managed with systems of audit which detected any errors or recording mistakes. Staff understood their responsibilities to provide safe care and to report any issues of concern to managers.

Staff received the right training, supervision and support to carry out their roles. The service carried out spot checks of the care people received. The service assessed and met people's needs relating to staying healthy and eating and drinking well.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The service sought consent to care and made sure they were acting in people's best interests when people could not make decisions for themselves. People's care was planned to meet their needs, with detailed care plans which made staff told us helped them understand people's choices and cultural needs.

The service was implementing a new standardised system for managing records and communication in the branch and this had already resulted in an improvement in the standard of documentation and oversight. Managers had a good understanding of how to engage with staff and people who used the service. The

provider was open and honest when things had gone wrong and had identified areas where the service needed to improve.

For more information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the Care Quality Commission (CQC) website at www.cqc.org.uk

Rating at last inspection:
We registered this service on 19 January 2021 and this was the first inspection.

Why we inspected
We were prompted to carry out this inspection as our review of information we held about the service indicated there may be a higher level of risk associated with this service. We carried out this comprehensive inspection to examine these risks and to give the service a first rating.

Follow up
We will continue to review information we receive about the service in line with our monitoring activity which will inform when we next inspect the service.

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.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-led findings below.

MiHomecare - Tower Hamlets

Detailed findings

Background to this inspection

Inspection team
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
The inspection was carried out by two Inspectors and two Experts by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type
This service is a domiciliary care agency. It provides personal care to people living in their own homes. The service did not have a manager registered with the Care Quality Commission (CQC). A registered manager is a person who is legally responsible for how the service is run and for the quality and safety of the care provided. It is a requirement of the provider's registration that they have a registered manager. The service had recently appointed a branch manager who was in the process of registering with CQC.

Notice of inspection
We gave the service 48 hours' notice of the inspection. This was to ensure we understood the provider's infection control protocols and ensure that key staff members we needed to speak with would be in the office.

What we did before the inspection
The provider had not been asked to complete a provider information return at the time of this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed information we held about the service, such as notifications of significant events the provider is legally required to tell us about. We spoke with two monitoring officers from the local authority which commissioned services from the provider.

The provider shared information with CQC through the capacity tracker which is a web based tool which enables providers to share information about staffing levels and the impact of COVID-19 on their services with CQC.

We took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

During the inspection
Inspection activity began on 2 November and finished on 1 December 2021. We conducted the initial stages of the inspection using remote methods and visited the registered location on 1 December 2021. This was because the provider was undergoing a branch reorganisation and running training for staff, and therefore was unable to safely accommodate an inspection team.

We called 41 people and managed to speak with 11 people who used the service and 16 family members of people who used the service. We looked at records of care and support for 19 people who used the service and records of electronic call monitoring for 197 people during the month of October 2021. We reviewed records of recruitment and supervision for nine care workers and records relating to the management of the service, including complaints, incidents, audit and staff training.

We asked the provider to send a written survey to their staff team and received a response from 25 staff members. We spoke with the branch manager, deputy manager, one co-ordinator, the area manager and the regional head of quality.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. We have rated this key question good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider followed appropriate procedures to safeguard people from abuse. When abuse was suspected the provider took action to report and investigate this appropriately and to ensure people were safe.
- Staff understood their responsibilities to detect and report suspected abuse. Care workers received safeguarding adults training as part of their induction and staff we spoke with confirmed they had received this training and knew how to report concerns.
- People using the service felt safe with their care workers. Comments from people included, "I feel absolutely safe, they are respectful" and "I know [my family member] feels happy and safe with the carers and I am happy that he's safe to be left with them."

Assessing risk, safety monitoring and management

- The provider had appropriate systems to assess risks to people's health and wellbeing. There were processes to screen for key areas of risk and staff were prompted to complete an appropriate risk assessment. This included assessments of people's risks from falling, skin integrity, moving and handling and from people's home environments.
- The provider had systems to manage risks from people's health conditions which could impact on their wellbeing. This included using specialist risk assessments where people had conditions such as diabetes and epilepsy. Staff were provided with information on how to recognise sudden deteriorations in people's conditions such as those from low blood sugar and what action to take in these circumstances.
- Care workers acted in line with risk assessments to mitigate risks to people, and the provider had recently reviewed risk management systems to ensure this took place. For example, when people were at risk of skin breakdown risk management plans had identified the need to ensure some people were repositioned on each visit.
- Care workers correctly recorded when they had completed important tasks to protect people's safety. The provider had introduced a new system meaning that care workers were required to give specific information on repositioning a person where this was required as part of a care visit. This meant that actions to mitigate risks to people could be more easily monitored in future.

Staffing and recruitment

- Staff were safely recruited. The provider carried out appropriate pre-employment checks to ensure care workers were suitable for their roles. This included obtaining references, a full work history and proof of identification and the right to work, as well as tests of literacy, numeracy and understanding of their responsibilities. When care workers had immigration conditions restricting the work they could do this was correctly monitored by managers. Staff underwent a check with the Disclosure and Barring Service (DBS)

before they started work. The DBS provides information on people's conditions, including convictions, to help employers make safe recruitment decisions.

● There were enough staff deployed in a safe way to meet people's care needs. We reviewed staff rotas and determined that staff rostering was realistic, with adequate time to travel between calls and feedback from care workers confirmed this. People told us that on most occasions staff arrived on time. Comments from people included, "A couple of times they are a bit late, but they are normally on time" and "They are usually on time and I have had no missed calls." Calls were delivered on time more than 89% of the time with no evidence of widespread lateness or missed calls.

Using medicines safely

● The provider assessed the support people required with their medicines. This included obtaining a full list of the medicines people took, which had been recently updated across the service. The provider assessed people's understanding of their medicines and whether family members were responsible for administering medicines.

● There were appropriate systems to record the support people had received with their medicines. Where staff administered medicines this was recorded on an electronic medicines administration record (EMAR), which was monitored by staff in the office and completed correctly. Where people were prompted with medicines staff maintained a clear record of the support people had received and it was clear what medicines people had taken.

● People we spoke with had not experienced problems with their medicines support. Comments from people included, "I am very happy with how they deal with medication" and "They have to give all medication, sometimes [my family member] might refuse and they ring me."

● Managers maintained systems to ensure medicines were safely managed. This included carrying out checks and audits of EMAR records and assessing staff competency through supervision and direct observations. Staff confirmed they had received training in managing medicines and felt confident doing so.

Preventing and controlling infection

● The provider protected people from infection risks, including those from COVID-19. People told us their care workers took appropriate measures to protect them from infection, including using personal protective equipment (PPE). Comments from people included, "They are wearing PPE and washing their hands. Dad is kept absolutely safe" and "I feel safe as they are wearing masks and gloves."

● Care workers were supported to keep themselves and people using the service safe. Staff we spoke with confirmed they had access to adequate supplies of PPE and had received training in infection control. Supervisors checked that staff were following appropriate infection control measures by carrying out direct observation in people's homes and staff recorded in daily notes that they were using the correct PPE. Staff were involved in the national testing programme in line with current guidance. The provider supported staff to understand the benefits of receiving vaccination against COVID-19 and provided incentives for staff to receive this.

Learning lessons when things go wrong

● The provider had suitable systems for responding to incidents. When concerns or incidents were reported the provider informed all parties, including social services when appropriate. The provider investigated incidents such as allegations of theft or missed calls and took appropriate action to prevent a recurrence.

● An issue had occurred where a failed visit had taken place and this was not promptly reported to the local authority. The provider had agreed an action plan with the local authority to ensure that staff knew what to do when this happened in future, and we confirmed that staff now understood their responsibilities to report failed visits.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection of this newly registered service. We have rated this key question good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The provider assessed people's needs and choices. Assessments covered people's preferences for their care and identified the outcomes people required. Care plans were reviewed regularly to check people's outcomes were met.
- The provider worked with people and their families to identify their choices. This included determining what people wanted staff to do for them, what people could do for themselves and identifying where families would provide support for people.
- There were suitable policies and procedures to ensure that the provider delivered care in line with the law and best practice This included a clear policy on how the provider managed and used people's information.

Staff support: induction, training, skills and experience

- The provider ensured that staff had the right skills to carry out their roles. Staff received a detailed induction in line with the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. Care workers confirmed they felt they had access to adequate training. Comments from people's family members included, "They know what to do alright" and "They seem to know what to do when they arrive so I leave them to it."
- Staff received appropriate supervision. New staff underwent a probationary period where their progress, performance and learning were discussed. Supervision was used to review staff performance and knowledge and identify training needs. Care workers told us they received useful feedback as a result of this. Care workers also received quarterly spot checks whilst working in people's homes. Field care supervisors observed staff practice in areas such as communication, medicines management and infection control and identified any areas where staff required more support or training.

Supporting people to eat and drink enough to maintain a balanced diet

- People received the right support to eat and drink. Comments from people and their families included, "They make [my family member] food and make sure they eat it" and "I do the cooking but the carers support [my family member] to eat and drink, we maintain a reasonable diet."
- The service assessed people's dietary needs. This included identifying people's likes and dislikes and any allergies or foods people should avoid. The service identified what people could do for themselves, what family and friends supported people with, and what people required support from staff with. This information was used to identify what tasks needed to be carried out on each visit and how people preferred to be supported to eat and drink.
- Care workers kept high quality records of the support people had received to eat and drink. This included

recording whenever they had supported people with food and in line with their support plans, information on what people had eaten and recorded whether they had provided drinks for people and how much people had had to drink.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

● People received support to stay healthy and well, and care workers worked with people's families and other organisations to deliver this. Comments from people and their families included "If [my family member]is not well they ring me" and "They let the family know if [my relative] needs a prescription from the GP, a district nurse visit or the physio."

● People's health needs were assessed. This included obtaining a detailed medical history, including whether any health conditions were affecting people's day to day wellbeing and care needs. The provider understood which other health professionals were involved in people's care and their roles. If health conditions posed a risk to people's wellbeing the provider had put a risk management plan in place for staff to follow.

Ensuring consent to care and treatment in line with law and guidance

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.

● The service was meeting the requirements of the MCA People we spoke with told us that staff members always obtained consent to carry out care and support tasks. Comments included "They tell me what they are going to do" and "They always ask before doing anything."

● The service worked in line with the MCA to obtain consent to care. Where people were able to make decisions about their care the service obtained evidence of people's consent. This included obtaining a signature, or when people were physically unable to sign obtained evidence of verbal consent to people's care.

● The service assessed people's decision making capacity. Where it was thought people did not have capacity to make decisions the provider identified the exact decision where people may require support and followed a clear process for assessing whether people had capacity to make this decision. Where people lacked capacity the provider worked with people's families and other professionals to make a decision in the person's best interests.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection of this newly registered service. We have rated this key question good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us they were treated with kindness and respect by their care workers. Comments from people included, "They are people my father knows who live in the area. They are good to him, talk to him kindly and are friendly and respectful", "I look forward to [my care worker] arriving as she is such a gentle soul", "We particularly like the students who come, they are surprisingly good and interesting." and "They are kind to a man and treat me with respect."
- People also spoke of staff responding with compassion in sometimes difficult circumstances. Comments from people included, "I don't need much but they are understanding and always try and help me", "All of them are respectful and kind; they help me stay with my kids and go beyond [to help]." A relative told us, "Sometimes [my family member] doesn't want them there, and they are very good and quite understand. They get on with something else in case they change their mind, which they invariably do."
- We saw examples of the compliments the service had received about the conduct of their care workers, such as a family who stated they were grateful that staff continued to care for their family member, even when they had tested positive for COVID-19.

Supporting people to express their views and be involved in making decisions about their care

- Two people we spoke with told us their family member required a Bengali speaking care worker but the provider had not been able to facilitate this. The provider had been open with the local authority in the difficulties they had faced in recruiting enough Bengali speakers to meet people's needs, and had identified this as an area for development. The registered manager fed back to us during the inspection that they had successfully recruited more Bengali speaking workers and showed us examples of Bengali phrase books they had made available for staff.
- People were involved in planning their care. People's care plans included detailed information about what people wanted from their care and how they wanted their care delivered. This information was used to write detailed visit plans, highlighting how people wanted their visits carried out. Comments from people included, "They listen to [my relative] but also to me", "I feel like I'm listened to" and "They try to let [my family member] make her own decisions but also need to ensure she's eaten and had a drink."
- People's cultural needs were considered as part of their care planning. Care plans noted people's religious needs, including any support they might require to meet these. There was clear information on ensuring people had food which was culturally appropriate, including the kind of foods that were not appropriate for the person and local shops and services that people liked to use.

Respecting and promoting people's privacy, dignity and independence

- The provider took steps to ensure that people were treated with dignity and respect. Staff were provided

with training in treating people with dignity as part of their induction, and this was assessed by field care supervisors as part of regular spot checks. People were asked about their treatment during telephone monitoring sessions. Comments from people included, "They treat my mum with dignity and respect" and "I am never rushed, far from it, [my care worker] always says 'take your time, there's no rush.'"

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection of this newly registered service. We have rated this key question good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

● People's care plans were personalised. Care plans contained detailed information on people, including their life stories, current or previous employment and what was important to them, including family backgrounds, interests and cultural needs. People's support plans were detailed about how people liked to receive their care and how best to offer people choices.

● People told us that care workers met their needs. Comments from people included, "Carers who visit know what I need and what they are supposed to do", "They know what to do" and "They cover every need I want." Care workers told us that care plans usually contained clear information on what needed to be done.

● Care workers documented how they had met people's care needs. Daily logs included information on people's wellbeing and the tasks that care workers had carried out. People's support needs were recorded as tasks that care workers ticked as part of the visit record, and in addition care workers recorded details about the choices people had made about their care and what they wanted to eat and drink.

●Some care plans slightly conflicted with what care workers recorded doing every day, however the provider was carrying out reviews of people's information as part of their transfer to a new system. Newer care plans we reviewed had addressed anomalies and allowed clearer information to be made available.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

● The service was meeting the requirements of the Accessible Information Standard (AIS). ● The provider had an accessible information policy which set out their responsibilities to provide information in a way which met people's communication needs. We saw examples of key information about the provider being set out in alternate formats, including in other languages and in braille.

Improving the quality of care in response to complaints or concerns

● People told us they knew how to complain. Comments from people included, "I can contact the office if I need to", "I can always call if I need some advice" and "I would give the office what for if my care wasn't right, but I haven't had to." Some people gave us examples of when they had complained, for example about inconsistent care, and were satisfied with the actions taken by the office. □

● The provider had suitable systems for responding to and addressing complaints. The provider liaised with the local authority to investigate complaints and to take action in response to these. We saw examples of how the provider had addressed complaints, although the complaints log did not always clearly show the

action that was taken we found that information on actions taken was accessible elsewhere in the provider's systems.

● The provider took action in response to complaints. A common theme with complaints had been the communication from the office. This had been highlighted in meetings with the local authority and the provider had accepted this was an area for development, and had put an action plan in place to address this. This included recruiting an additional member of office staff to ensure better responsiveness when people contacted the office.

Good

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection of this newly registered service. We have rated this key question good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

● The provider had a clear vision for how to develop the service. For example, audits had identified the need to improve the level of personalised detail on people's care plans. Although all care plans we reviewed were detailed and contained factual information, the provider had identified the need to highlight where people could be better engaged in activities and pursuing their interests. The provider intended to introduce staff champion roles, including an infection control champion and a safeguarding and dementia champion to provide leadership in these key areas.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Working in partnership with others

● The service was meeting the requirements of the duty of candour. The duty of candour is a legal duty for providers to act openly and honestly, and to provide an apology if something goes wrong. Where things had gone wrong in the service the provider had notified the appropriate parties, investigated openly and shared their findings.

● The provider had a communication improvement plan which had identified the reasons why they felt the office had not always communicated well with people. This identified the need to coach staff to take ownership of issues, and the provider sent a letter to all service users apologising for poor communication and explaining what they would be doing to address this.

●The provider worked with the local authority to monitor and review the performance of the branch. In response to feedback and complaints the provider had identified some key priorities, including those relating to failed visits, communication from the branch and the recruitment of Bengali speaking care workers. There was an action plan in place to address these points, and the provider met frequently with the local authority to review its progress and discuss current issues and co-operated with the local authority's quality assurance processes.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

● The service did not have a registered manager as the previous manager had recently left the service. A new branch manager was in post and had completed their induction, this manager was in the process of registering with the Care Quality Commission.

● There were suitable systems of audits in place. Electronic medicines records and records of care were

reviewed by staff in the branch. Issues of concern such as inaccurate or incomplete recording of calls had been identified by auditors and where necessary staff had been spoken with and supported to improve their performance. The provider had also arranged for an audit of the service to be carried out by an external quality lead which had identified areas for development as a result of this.

Engaging and involving people using the service, the public and staff

● There were clear systems of communication with staff members. This included regular branch meetings and meetings with care staff. Care workers could be sent key and urgent messages to their mobile devices and this was used, for example, to update staff on infection control. The provider had recently been taken over by a new owner, and staff were kept up to date on changes being implemented as a result of this, such as changes to payroll and annual leave arrangements. Care workers told us they experienced no issues contacting the office and could always contact a manager when required.

● The provider engaged regularly with people who used the service. Telephone monitoring and spot checks were carried out regularly to check the quality of the service and people's views on this. Most people we spoke with told us they had no problems contacting the office when they needed to. Comments included, "It's not bad when you ring the office, it's better than government offices or big companies" and "They answer fairly quickly." A small number of people told us they found it harder to contact the office. One person told us, "It can take a while for calls to be answered, I use email now and get a response."

Continuous learning, innovation and improving the quality of care

● The provider was implementing a new computer system for managing the branch. The system being implemented had been piloted and tested in several of the provider's other branches and was now being rolled out across all services owned by the group. This involved reviewing and transferring people's care plans into the system, which had resulted in an improvement in the quality of documentation. The provider showed us examples of how the new system would make the monitoring and oversight of the branch easier.

● There were clear targets for improving the quality of the service. The provider had an action plan in place to review the identified areas for development. This included scheduling regular rosters for staff, reviewing all risk assessments and improving the storage of consent forms. We reviewed the provider's previous action plan and saw that key targets had been met and progress made towards meeting other targets.