MiHomecare Limited

MiHomecare - Wisbech

Inspection report

1 Castle Mews
Wisbech
Cambridgeshire
PE13 1HB
Tel: 01945 588050
www.mihomecare.com

Date of inspection visit: 01 and 02 April 2015
Date of publication: 14/05/2015

Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Requires Improvement
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

MiHomecare - Wisbech is registered to provide personal care for people who live at home in and around the town of Wisbech. Its main office is located in the town centre and has accessible premises and parking for people living with a disability. The agency provides personal care for approximately 100 people.

This unannounced inspection took place on 01 and 02 April 2015.

At our previous inspection on 29 May 2014 the service was not meeting one of the regulations that we assessed. This was in relation to the management of people's medicines. The provider sent us an action plan telling us that they would make the necessary improvements by 06 July 2014. At this inspection of 01 April 2015 we found that the necessary improvements had been made.

The service had a registered manager in post. They had been in post since October 2014. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered

Summary of findings

managers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

The registered manager had a robust recruitment process in place. This helped ensure that only staff of the right calibre and with suitable qualifications were offered employment. There was a sufficient number of suitably qualified and experienced staff working at the service. New care staff were provided with an induction to the service and were supported through this.

Staff had been trained in medicines administration and safeguarding people from harm and were knowledgeable about how to ensure people's safety. People were supported with their prescribed medicines by staff whose competency to safely administer these has been assessed regularly.

The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. We found that the registered manager and staff were knowledgeable about when a request through the Court of Protection for a DoLS would be required. We found that no applications to lawfully deprive people of their liberty were required but the registered manager and senior staff were aware of the action to take if this was required. People's ability to make decisions based on their best interests had been clearly documented to demonstrate which decisions they could make.

People's care was provided by staff who always respected their privacy and dignity. People's care was provided with compassion and in a way which people really appreciated. People were informed if care staff were going to be delayed.

People's care records were held securely, were up-to-date but contained limited information for staff to follow. This meant that people were at risk of receiving inappropriate care. People and where required, their relatives, were involved in the assessment and development of their care needs.

People were supported to access a range of health care professionals. This included their allocated GP and community nursing services. Risks to people's health were assessed and promptly acted upon according to each person's needs.

People were able eat their preferred drinks and meals. People were supported to eat soft or pureed diets where this had been deemed as being required by health care professionals. People were supported to ensure they had access to sufficient food and drinks.

People, relatives and staff were provided with information on how to make a complaint and staff knew how to respond to any reported concerns or suggestions. People were satisfied with the response they received. Action was taken to address people's concerns and to reduce the risk of any potential recurrence.

The registered manager had effective quality assurance processes and procedures in place, such as audits, spot checks and supervision meetings with staff to improve, the quality of people's support and care. People were supported to raise concerns or comment on the quality of their care.

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 supported by a sufficient number of trained staff. This was by a thorough recruitment process to ensure staff were suitable to work with people using the service.

Staff had a good comprehension and understanding of how to safeguard people from harm, who to report any potential or actual abuse to if necessary, and what action to take.

Medicines were administered safely by staff whose competency to do so had been assessed.

Good

Is the service effective?
The service was effective.

People were supported with their preferred meals and drinks and with a suitable diet according to their health conditions.

People were supported by staff who had received training in health care related subjects and whose competency had been assessed.

Staff adhered to the guidance and information from a range of health care professionals to meet people's health care needs.

Good

Is the service caring?
The service was not always caring.

People's care records did not always contain sufficient detail and information which put people at risk of receiving care that was inappropriate.

People were supported and cared for by staff who showed compassion whilst delivering the care people needed.

Staff supported and encouraged people to see their friends, families and other visitors whenever they wanted.

Requires Improvement

Is the service responsive?
The service was responsive.

People's complaints were investigated and action taken to help reduce any potential for recurrence.

People who had complained had their concerns taken seriously by the registered manager and provider.

Good

Summary of findings

Regular reviews of people's care took place and prompt action was taken, or plans were put in place, to help ensure that people's care was based on relevant and up-to-date records.

Is the service well-led?

Good 

The service was well-led.

The registered manager and other management staff spent time visiting people in their homes, gathering their views and ensuring people's care was based upon the latest information.

Improvements made to the service, including the appointment of a permanent registered manager, had led to consistent support arrangements for people and staff.

Staff were consistently supported to maintain an open and honest culture in the service to help drive improvements.

MiHomecare - Wisbech

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 registered manager 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 unannounced inspection took place on 01 and 02 April 2015 and was completed by two inspectors.

Before our inspection we looked at information we held about the service including statutory notifications. A notification is information about important events which the registered manager is required to tell us about by law. We also spoke with, and received information from, the service's commissioners and the local safeguarding authority.

During the inspection we visited and spoke with five people in their home and we also spoke with five other people and two relatives by telephone. We also spoke with the registered manager, five care staff including team leaders and supervisors.

We looked at 10 people's care and medicine administration records. We looked at records in relation to the management of the service such as meeting minutes and staff visit rosters. We also looked at staff recruitment, supervision and appraisal processes and training records, complaints and quality assurance records.

Good

Is the service safe?

Our findings

At our inspection on 31 May 2014 we found that people were not always protected against the risks associated with medicines. This was because the provider did not have appropriate arrangements in place to manage medicines safely. The provider wrote to us and told us that they would make the required improvements by 06 July 2014. At this inspection of 01 April 2015 we found that the necessary improvements had been made.

People told us they always felt safe with their care and the staff who provided this. One person said this was because, “They [staff] know me so well.” Another person said, “There has been quite a few new staff recently and they are learning the ropes.” Another person said, "I feel safe as I have been with the service for a few years now.”

One person we spoke with said, “I have to take some medicines at a particular time of the week and this is what happens.” Staff had been trained by the local authority and had their competency to safely administer medicines checked regularly. This was to ensure a consistent and safe standard was adhered to. People’s medicines administration records we looked at had been accurately completed to reflect that the prescribed time intervals had been adhered to and any medicines carried over were also recorded. This helped ensure that there was a safe interval in between each time a person was supported with their medicines. Staff told us that the training was good and it kept their skill and knowledge set up-to-date on current medicines administration practice. Guidance was provided to staff on people’s allergies and medicines that had to be taken at a particular time of day was clear and available to staff.

We found that staff had completed risk assessments to ensure that equipment was suitable and the environment was safe for staff to use. The registered manager collated all accident and incident information such as falls or missed calls and monitored these for trends. Subsequent action had been taken to address areas where staff’s performance had not met the provider’s required standard. We saw that plans had been put in place to support people’s safety. This included reminding staff where people’s emergency utility supply points were, ensuring people’s homes were left clean and tidy and regular reviews of risks to ensure these were still relevant and accurate.

The registered manager told us that staffing levels were based upon people’s assessed needs. This included the need for two care staff to assist people safely with their moving and handling. Staff told us that staffing levels had recently improved, including the appointment of team leaders and additional field care supervisors. We found that there were sufficient staff employed at the service and that there were also new care staff in the process of recruitment and/or induction. Records viewed showed us that this was the case. They went on to say that staff from other agencies were never used as this put people at risk unless accompanied by permanent staff. This was an option but only if the staff team could not provide safe staff coverage.

People were informed wherever possible if their call was to be delayed and the reason for this. Staff told us that the changes in the way their travel was arranged between each person’s home had made the visits and timings for these achievable. Staff told us and records confirmed that there was traveling time factored in between each person. One person said, “I have never had a missed call.” Another person said, “Generally they [staff] tell me they are going to be late but not always.”

Staff had received regular safeguarding training and demonstrated a comprehensive understanding of what protecting people from harm meant. The registered manager and senior staff had all completed management level qualifications in safeguarding. Staff were able tell us about the signs of potential abuse and who they could report these to. Access to information about protecting people from harm was displayed in the office and people were provided with a service user guide (SUG) to help them or their relatives’ access information on what safeguarding people meant. Staff spoke confidently about reporting poor care (whistle-blowing) if ever they had to. This showed us that the registered manager and provider took steps to help ensure people were kept as safe as possible.

Staff told us about their recruitment and induction to the service and updates to training they had received or had planned. Staff confirmed the checks they had been subjected to in order to confirm their suitability to work with people using the service. Checks included photographic identity and staffs’ previous employment history with satisfactory explanations of any gaps. This was to ensure that the registered manager only offered staff permanent employment after appropriate checks had been satisfactorily completed.

Good

Is the service safe?

Where people had been assessed to have health risks appropriate steps had been taken. These included people who were supported to eat a diabetic [low sugar] or soft food diet to help reduce any adverse effects of their condition or swallowing and choking risks. This was to help ensure that people's health risks were safely managed.

We looked at the records for checks on people's home including environmental health and fire safety. These showed us that regular checks had been completed to help ensure people were as far as practicable, safely cared for in a place that was safe to work in.

Good

Is the service effective?

Our findings

People told us that experienced care staff knew them well and that some newer members of staff were being supported with their induction. We saw and found that staff understood people's needs well. One person we spoke with was complimentary about the knowledge and skills of the staff who provided their care. They said, "They [staff] do their tasks well." This was by ensuring they always received a verbal, written or implied consent from each person before providing any care or support. One person said, "It would be nice to get the same staff all the time but I know this isn't always possible." The registered manager told us that wherever possible people were matched with staff who had a good understanding of their needs. This helped people with their care and also how effective staff were in the time they had to spend with each person.

Staff training plans and records we viewed showed us that staff were regularly provided with training which was based on current practice. Staff we spoke with confirmed that they received regular training and updates. As well as in-house training innovative techniques were used to assist staff understand how people living with dementia could see things. These included simulations using mirrors on how these people could perceive different objects. Staff told us that this really helped them understand what living with dementia could be like.

The provider's mandatory training included subjects such as moving and handling, safeguarding people, medicines administration and health and safety. One care staff said, "Since [name of registered manager] took up post we now get a lot more and regular training." A visiting regional manager told us that meetings with other managers helped share any identified good practice.

We found that the registered manager and their regional manager had a thorough understanding of changes in the law regarding where consideration for lawfully depriving people of their liberty would be required. They were aware of the potential impact this would have on people they were supporting and if an application to lawfully impose restrictions on their freedom if this was required or was in their best interests. Other care staff knew when to report changes in people's capacity to make informed decisions and who to report these to. Staff knew when to respect people's choices. This showed us that staff, appropriate to their role, had a good understanding about what the implications of the MCA and DoLS meant for each person.

People's advanced decisions and directives including people's decisions for end of life care, which included do not attempt cardio pulmonary resuscitation, had been completed. These had been correctly completed and the reasons behind people's decisions agreed by themselves, a relative and health care professional if required. Staff explained when this decision was to be respected. This showed us that staff were fully aware of when to respect or implement a person's end of life wishes.

We saw that people's preferred meal and drink options had been recorded including the time of day they wanted to eat and drink. One person said, "I am always asked if I want a drink and staff make sure I drink, especially with my medicines." Another person said, "Some foods don't agree with me so staff make sure I don't eat those foods." We saw and people told us that they were supported to eat healthy food options but also where people preferences were respected to eat what they wanted. One person said, "The regular staff are very friendly, ask me what I want to do, eat or drink."

During our visits to people in their homes people told us that they were supported to eat at a relaxed pace in the place of their choosing. One person said, "I can't make my own meals and the staff do this for me. We saw that staff offered people support with their eating and drinking whilst respecting people's abilities to be independent with this.

The registered manager told us and we saw how staff were supported with induction, supervision, on-going shadowing and mentoring to develop staff's knowledge. Staff told us that the regular supervision sessions were very much a two way event and that they could put forward their views and opinions on any training or development needs. Staff told us that these sessions were informative, useful and enabled them to prioritise those areas of learning they needed most or least support with. Staff also told us that their training needs were acted upon, especially if this was as a result of changes in people's care needs. One person said, "The staff know what they are

Good

Is the service effective?

doing and we have a laugh. I have been cared for by the service for a long time and we get on very well." The registered manager told us that they also regularly provided day to day support and mentoring to staff.

People told us, and we saw, that they were supported to access health care professionals including community nurses or a GP when needed. One person said, "If I felt unwell I would tell the staff and they would get help for me. I have my 'life line' which I can use to summon emergency help if needed. The staff remind me I need to always wear this." Where required people at an increased risk had intervention charts and reminders to staff to ensure people ate and drank sufficient quantities. This also helped staff identify any need to refer the person to a health care professional to assist their eating and drinking.

People were kept informed about their health care needs and information was passed to relatives if people wanted this. One relative said, "If there is ever a worry about [family member] I speak with the staff and they call the office to see if medical help is needed." People were assured that staff would identify any changes in people's health and report these to the appropriate person in a timely manner.

Requires Improvement

Is the service caring?

Our findings

People were supported with all their care needs by staff who knew people's needs and how to meet them. Staff were seen to support people in a way that people wanted whilst respecting people's rights to independence. One example we observed included staff ensuring people had their walking frames and other equipment to assist their mobility and independence. However, all five people we visited and spoke with in their homes told us that they did not always get a rota detailing who was carrying out their visit each day. When they did it was not always the same person who was named on the sheet and no one had told them about the change.

One person told us, "All the staff are kind, spend the time allocated to me and having a laugh. It is always better and more dignifying if I have the same staff but I know this isn't always possible. I talk with staff and we sing which really helps distract my attention." Another person said, "It's good to talk with them [staff] as it passes the time when personal care is provided in a nice way." People confirmed that staff always made every effort to protect their dignity using towels appropriately and closing curtains and doors. Another person said, "They give a bed bath and shower me on the days I prefer." People told us that staff always knocked on their house door, let them know they had arrived and sought the person's agreement before offering any care or support.

Although people's care plans contained information on people's preferences such as where they wanted their personal care to be provided, their preferred name, what support each person needed there was not always detailed information. Examples included, "Check pressure areas" but no recorded details of what these were. Another example was, 'Bathe eye" and "Eye drops". There was no other recorded details such as right eye or left eye. Other examples were, 'put drinks within reach,' without any detail of where the drink should be positioned. A further example was that checks should be completed for out of date food. This had not been recorded in the person's daily records for the last four weeks that we looked at. This lack of detail had also been identified at a recent Cambridgeshire County Council contracts monitoring visit on 25 February 2015. This meant that where new staff used people's care plans there was a risk that people would receive care that was inappropriate or care that they were not aware of.

We received information from a community nurse who told us that wherever they had been supporting people whilst staff were there that staff were caring and considered people's needs in a dignified manner. We found that staff knew what people liked and what their preferences were. For example, where they wanted eat and what clothes they preferred to wear or if a person's family helped with some care needs. This was based upon how each person felt at the start of each visit and could be changed if people's preferences changed. One person said, "Staff are busy but they don't moan and are keen to make sure I have everything I need before they go. They even mop up my shower."

Information in people's care plans was also available in alternative formats if this was required in a way people could understand more easily. Examples included audio format or large print to aid those people with visual impairments. The registered manager told us that the team leaders and deputy manager were responsible for ensuring that people's care plans were kept up to date. We found these had been completed and updated to regularly or more urgently where this had been required. This was to ensure that people's care was based upon their most up-to-date care needs. One relative said, "[Name of staff] went through my [family member's] care plan only recently to make sure that there were no changes after coming out of hospital. They went through all the things that are important and then I signed the care plan to confirm it was acceptable."

The advocacy arrangements for most people included relatives or friends. However, the registered manager told us that alternative advocacy was available if people requested this or were identified as needing someone to speak up on their behalf.

Good

Is the service responsive?

Our findings

People's needs were considered to ensure the service was able to meet these needs. This helped the registered manager and care staff determine each person's individual care and support needs. Relative's acting on people's behalf told us that they were fully involved in determining their family member's care needs which included anything that was of particular importance. For example, if the person preferred a shower or bed bath. One person said, "I have never had any concerns whatsoever with my care. I would know who to speak with in the office as I have known some staff for years." Another person said, "I know what I like and don't like and they [staff] make sure I receive [the care] what I am supposed to get."

Where people experienced any care that they were not happy with, we saw that as well as a welfare visit, comprehensive reviews and actions were completed to ensure that the potential for any recurrence was minimised or prevented. Actions taken included changing the time of when people's care was provided, reminding staff of their responsibilities and putting additional checks in place. One person told us, "[Name of registered manager] came to visit [family member] and we went through the things we wanted changing or improving. They spent a while with us until we were happy." Another person said, "I had a member of staff that I did not get on well with. I spoke with the office and they changed the carer."

Care plans we looked at showed us that consideration was given to people's religious, spiritual beliefs and values. One person told us, "I don't really have any religious preferences and this is never an issue for staff. They are just so respectful."

People told us, and we saw in records we looked at, that wherever possible as much information about the person and their life history was obtained. This was then used by staff to gain an understanding of what was really important to each person as an individual. One person said, "I don't ask for much but the care provided in response to my request has been wonderful."

A complaints procedure and policies were in place and a copy of these were in people's homes. One person said, "I never complain as such. I am happy to just ring the office and they generally get back to me quickly." People were supported to discuss or raise concerns before it became a complaint during home visits by any of the management team. One person said, "If I had any concerns, which I don't, I would speak with staff or the [registered] manager. Records we looked at showed us that the provider recorded, monitored and progressed complaints until people were satisfied that the issues they had raised had been resolved. Everyone we spoke with told us they would not have any problem in raising anything with the provider at any time. This showed us that views of people who use the service were sought regularly and that these were acted upon.

Good

Is the service well-led?

Our findings

People told us that they were visited by the registered manager or senior care staff and asked about their satisfaction of the quality of care provided. People knew who and how to contact the main office and the provider if required. A relative said, "The registered manager gave us their mobile phone details and we can call about anything no matter how small and at any time." A relative said, "It is reassuring to know that if we need help it is only a phone call away. All the girls in the office are lovely and helpful. I can't fault them at all."

The registered manager had recently introduced changes to the way the staff team was constructed. This included additional field supervisors and team leaders. Training including the introduction of apprenticeships to further develop staff skills and knowledge base. Staff confirmed that they were supported with supervision and also on-going mentoring. Other changes included additional care staff to ensure that there were enough resources to meet the needs of people using the service. The regional manager told us that the registered manager had a full say in the support required to safely manage the branch and that reasonable requests were always considered.

People's views about the quality of their care were regularly sought using a variety of methods including audits, but mainly on a one to one basis. The registered manager told us that this enabled them to tailor people's needs in a timely and prompt manner whilst getting feedback from people after any events as possible. Audits were used to drive improvement on subjects including medicines administration. As well as regular support, spot checks were completed to ensure staff were working to the right standard. This was also to identify if development or further shadowing opportunities were required.

We saw and staff told us that they supported people to maintain links with the local community which included going to see, or be seen by, relatives or friends and going shopping. One person said, "I am not as mobile as I used to be but it is good to get out with staff support."

Staff told us that they were able to talk openly and freely about anything at all with the registered manager who had improved communication, support and training availability. One staff said, "I have worked in lots of care services and have never had this level of support. I am absolutely confident that I would be supported by [name of registered manager] if I ever had need to whistle blow on poor care." All staff confirmed that they supported each other and that the register manager was good at getting the things they needed to do the job. The registered manager told us that their current call monitoring system was inadequate and that a new system was being looked into as a way of improving the quality of care and also identifying issues in a proactive way. For example, how accurate staff were with their time keeping.

The registered manager had notified the CQC of all events that they are, by law, required to do so. We found that they had done this correctly. Untoward incidents which affected people's safety such as falls or missed calls or medication errors had been thoroughly investigated and effective action taken or planned to reduce the potential for further occurrences. This was confirmed by people and staff we spoke with and records we looked at. The service commissioners told us that there had been improvements made since their previous visit in November 2014 but that further improvements were required. These included improvements to people's care plans which we saw were in progress.

The registered manager had introduced formal staff meetings for all staff which had included office supervisors. We saw that these meetings were used to remind staff of the standard of care required, where improvements were needed and the action to be taken if staff continually failed to achieve the required standard. Subjects covered included the accuracy of people's medication records and positive feedback from people about their satisfaction of the care provided. In addition, weekly memos were used to keep staff up-to-date with changes in their shifts, urgent changes to people's care needs and planning of their supervisions. This showed us that the registered manager put people first to improve the quality of the care they received from the service.

Staff told us that it was now a pleasure to come to work and how much more secure it felt with the support arrangements that were now in place. They said that the new management arrangements had benefitted the whole team and not just office staff.

The regional manager told us that they got together at least once a month with all their registered managers to gather their views and what worked well and any areas that required attention. These meetings allowed the sharing of

Good

Is the service well-led?

concerns, good practice and team building. These meetings were also used as an opportunity to remind staff of the key values of the provider in putting people first, maintaining a high standard of care and ensuring any issues were identified before they became a complaint.