

MiHomecare Limited

MiHomecare - Southend-on-Sea

Inspection report

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Good



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

The inspection took place on 17 March 2015. MiHomecare – Southend on Sea provides support to people living in their own homes. The service has two separate teams of co-ordinators and staff. One offers a service to people who are older and the other to people living with a learning disability. At the time of our inspection 125 people were using the service.

The service did not have an established registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health

Summary of findings

and Social Care Act 2008 and associated Regulations about how the service is run. At the time of our inspection a new manager had recently started and they were in the process of applying for registration with us.

People felt safe. The provider had taken steps to identify the possibility of abuse happening through ensuring staff had a good understanding of the issues and had access to information and training. The service ensured that people were cared for as safely as possible through assessing risk and having plans in place for managing people's care.

People were treated with kindness and respect by a sufficient number of staff who consistently supported them with their care. Staff had the knowledge and skills to carry out their role. Staff were properly recruited before they started work at the service to ensure their suitability for the role. They received initial and ongoing training and support to help ensure that they had the right skills to support people effectively.

People were supported with their medication in a way that met their needs. There were safe systems in place for helping people with their medicines. The manager has a

good knowledge of the Mental Capacity Act (MCA) 2005 Deprivation of Liberty Safeguards (DoLS.) DoLS are a code of practice to supplement the main Mental Capacity Act 2005. These safeguards protect the rights of adults by ensuring that if there are restrictions on their freedom and liberty these are assessed by appropriately trained professionals.

Where needed people were supported with meal provision and encouraged to eat well. People's care needs were assessed and planned for. Care plans and risk assessments were in place so that staff would have information and understand how to care for people safely and in ways that they preferred. People's healthcare needs were monitored and assistance was sought from other professionals so that they were supported to maintain their health and wellbeing. People were supported to participate in activities to suit their individual needs and interests.

Systems were in place to assess and monitor the quality of the service. People's views were sought and audits were carried out to identify any improvements needed.

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 who used the service felt safe. Staff knew what to do if they were concerned about people's safety and welfare. Risks were assessed and staff were aware of the risks and knew how to manage them.

There were enough trained and experienced staff to support people and keep them safe.

People's medicines were managed safely.

Good



Is the service effective?

The service was effective.

The service understood the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

Staff received training and support to help them carry out their roles effectively.

People were supported to manage their diet and healthcare where needed.

Good



Is the service caring?

The service was caring.

People who used the service and their relatives were very happy with the care and support they received.

Staff were kind and respected people's dignity and privacy.

Good



Is the service responsive?

The service was not consistently responsive.

People or their families were involved in planning and making decisions about their care, but work was needed to ensure that care plans were in place, clear and informative.

People were encouraged to raise any concerns or issues about the service. People were listened to and their concerns acted on.

Requires improvement



Is the service well-led?

The service was not consistently well led.

There was not a registered manager in post.

People, their relatives and the staff were positive about the management of the service and were given opportunities to give feedback.

Requires improvement



MiHomecare - Southend-on-Sea

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 17 March to the office of the service and 2 April 2015 to people who used the service. The service had two days notice of our visit because the location provides a domiciliary care service and we wanted to make sure that the manager and other appropriate staff were available in the office.

The inspection was undertaken by two inspectors.

As part of the inspection we spoke with 10 people who used the service over the telephone and met five people in their own homes. We spoke with two relatives, 12 members of care and support staff, the area manager, branch manager, and a care coordinator.

As part of this inspection we reviewed eight people's care records. We looked at the recruitment and support records for five members of staff. We reviewed other records such as complaints and compliments information, quality monitoring and audit information.

Is the service safe?

Our findings

People felt safe being supported by care staff from MiHomecare - Southend on Sea. One person said, "I always feel safe and never have any concerns." A relative told us, "I have confidence in the staff, they are professional in their approach." Information was available to people in their homes so that if they did have concerns they would know where they could get support and advice.

People were protected from potential harm by management and a staff team who had a good awareness of safeguarding issues and also whistleblowing. This was supported by appropriate policies and procedures being in place. The service had used safeguarding processes to report to the local authority and had investigated incidents appropriately. One member of staff told us, "When I have raised safeguarding concerns with our office, they have dealt with them properly." This showed that the service was open to recognising and acting on any concerns.

All staff had received training in adult protection so were aware of how to ensure that people were protected and what actions to take if there were any concerns. Staff confirmed that they had undertaken training and demonstrated a good awareness of safeguarding matters. One said, "If I have any safeguarding concerns, or any concerns at all about any of our service users I report them to the office manager."

People were involved in discussions and decisions about their care and any potential risks associated with their needs. Care plans included risk assessments relating to aspects of care such as the environment and moving and handling. Where risks had been identified plans were in place and care staff managed these without restricting people's choice and independence.

At the time of our inspection the service was recruiting further staff to ensure that they had sufficient numbers to meet their caring commitments. In the meantime one person told us that the service was having, on occasions, to use staff from another agency to help cover if regular staff were off. However, this was not causing any issues. Everyone told us that they had regular care staff who were punctual and reliable. One relative told us, "I can't praise them enough, they are always on time, in fact they are often early and I see them hanging about before they come in."

People spoke well of the staff and said that they were skilled and competent. The service ensured that it employed suitable staff because a clear recruitment process was followed. This made sure that staff were safe and suitable to work with people and provide care and support in people's own homes. Relevant checks had been carried out including obtaining at least two references, ensuring that the applicant provided proof of their identity and undertaking a criminal record check with the Disclosure and Barring Service (DBS). One member of staff told us, "When I applied for this job I had to complete an application and come for an interview. I had to give referees and do a criminal records check and do induction training before I started work."

Where people needed support to manage their medicines there were systems in place to manage this effectively. Risk assessments were in place and records detailing administration were completed. Staff had received training in managing medicines so that they would manage this aspect of people's care safely.

Is the service effective?

Our findings

People were well supported by staff who understood their needs. One person told us, “The staff are all excellent, they have a good understanding of my needs and what needs to be done.” Another person said, “The staff are well trained and know what they are doing. They always use gloves and the right equipment to get things done.”

Staff received effective support through an initial induction programme, ongoing training, one to one support, spot checks and team meetings.

Staff told us they had received the right training for their roles starting of with a good induction. One person told us, “Before I could work with service users on my own I had induction training in the training room and two days ‘shadowing’ an experienced member of staff working with service users.” Another member of staff confirmed, “I think the induction training I had was good for the work I do, it made sure that I had the right training for the job.”

A range of training had been provided to staff through face to face sessions and e-learning. Training included topics relevant to the needs of people being supported such as epilepsy and dementia awareness. This enabled staff to provide effective and consistent support to people. Staff told us, “My training is kept up to date and I think it includes the right subjects needed for the people I support” and “We get good training in subjects like first aid, safeguarding awareness, food hygiene, moving and handling, fire safety and health and safety. Our training is kept up to date every year.”

Staff confirmed that they felt supported and received good levels of support and supervision. One told us, “We have spot checks of the way we support people in their own homes. We also get supervision and an annual appraisal which I find very useful.”

People told us that staff always asked for their consent when providing them with support and respected their views. Staff had received training in the Mental Capacity Act (MCA) 2005 and understood where this might be applied in relation to making best interest decisions for people. We saw that services such as Essex Guardians and advocacy were used to support people with independent decision making.

People told us that if they needed assistance with meal preparation and drinks that staff carried this out in accordance with their wishes. One person told us that staff were fairly organised and, for example, at the evening call got out the frozen meal so that it had time to defrost before being reheated the following day by the lunchtime call. One person told us that staff made a note of what they had eaten so that they could, “keep an eye that I am eating enough.” Staff had received training in food safety and were aware of safe food handling practices. Staff told us and people spoken with confirmed that, where required, they ensured that people had access to their food and drink before they left the person’s home.

People said that their relatives supported them with their healthcare appointments but that staff could be flexible with call times to ensure that they were ready in good time. Where appropriate we saw that staff offered more extensive support to people to maintain their healthcare. Tools such as ‘hospital passports’ and health and medical care plans were in place to ensure that staff understood people’s needs and that they received the support that they needed.

Is the service caring?

Our findings

People were very complimentary about the agency's staff. They told us they were happy with them and that they were all very nice. People told us, "The carers are fantastic, they are so caring and support me as well as [my relative]", "I have been ever so happy with them and everything they do. They are superb" and "I think of [name of carer] as more of a mate than a support worker."

People received their care, as far as possible, from the same members of staff. People told us that there was a good level of consistency. One person said, "I always have my regular carers. They are always punctual, but if they are running late or there are changes they always let me know, which is good as I like to know who is coming."

Staff demonstrated a good awareness of the day to day care needs of the people that they worked with. They understood the support each person required to meet their needs and wishes and to keep them safe. One member of staff told us, "I don't have any concerns about the care we

provide. We try and offer a person centred service that is right for the people we support." Staff were positive about their role and made comments such as, "I love this job, best job I have ever had" and "I really enjoy my job."

People told us that the service involved them in their care and made sure that they were happy. One person told us, "They assessed my needs and talked to me about what I wanted from them and how I wanted things arranged." We saw that the service conducted telephone quality surveys with people to make sure that all was well. One person told us, "[Name of person] from the office just phoned me last week to check that everything was alright."

From observations and discussions it was clear that people had good relationships with their care workers. People were treated with dignity and respect. All of the people we spoke with told us that staff were kind, caring and respectful. They told us they were always treated with care and dignity. One person said, "Staff are always calm and respectful to me and my [relative]."

Is the service responsive?

Our findings

People told us that staff were responsive to their needs, listened to them and carried out their wishes as far as possible.

Care records were maintained and staff had access to the information they needed when supporting people. Care plans and assessments reflected people's individual needs and showed that individual preferences had been discussed and taken into account when planning care. Although care plans viewed aimed to be person centred, some were quite basic. In one person's home, care plans and records were quite jumbled. Although the person was able to tell people their needs, any new staff may not be able to be clear about what the person's needs were or what tasks needed to be completed. The manager and coordinator confirmed that they were working with quality services for the organisation to develop and put in place new care plans. We saw the new care plan formats which showed a more detailed and comprehensive approach.

People confirmed that they had been involved in discussing their needs and felt their views were listened to and respected. One person said, "There was a very good assessment carried out originally that looked at how I could best be assisted." A relative told us, "I was fully involved in all the assessments and care planning. The carers keep good records of everything."

The service was flexible and responsive to people's changing needs. One person gave us an example of how they had been worried about waiting too long in the mornings for personal care support. Assistance was now

provided by a regular care worker at 06:30. This had made them very happy. Another person told us that their condition had improved over time so they had been able to discuss this and reduce the level of support provided.

Where people received support to engage in social and community activities it was clear that, where possible, their views were very much the focus and activities facilitated according to their wishes. A relative told us, "They keep [name of relative] really engaged and come up with ideas that I would not have thought of. They are brilliant." One person told us they could 'bank' hours to use for a longer outing or event and it was all arranged according to their wishes.

People were encouraged to raise any concerns or complaints that they had. A complaints procedure was available to people. People were aware of the complaints procedure. They said that it had been explained to them when they had started to use the service and that they had information to hand in their folders should they need it. People told us that they would feel confident in raising any issues and knew that they would be listened to. One person told us that they had only had one occasion to complain and that their concerns had been dealt with straightaway.

Staff knew about the service's complaints procedure and explained what they would do if someone complained to them. One said, "I will always advise someone I support on how to go about complaining if they are not happy about something that we do." A system for recording and managing complaints was in place. We saw that people's concerns had been responded to, as far as possible, to their satisfaction. The service monitored complaints so that they could be used as opportunities for learning.

Is the service well-led?

Our findings

People were positive about the service they received. They told us that it was, “Very good indeed” and “Fantastic.”

There had been recent changes of staff and management, this had led to improvements in the quality of care being delivered to people. There was a new regional manager for the area. A new manager and coordinator had just been appointed and were a few weeks into their role. The new manager was in the process of preparing an application to become registered with CQC.

It was clear that many changes and improvements had been achieved by the management team in a short space of time and that work was ongoing to make further improvements. One person told us, “The service has improved a lot recently.” Another person said, “I think the service is more reliable now.”

The majority of staff were also positive about the changes and made comments such as, “My manager now takes notice of what I tell them. If I say that a service user's needs have changed, my manager makes sure that this is dealt with and the care plan gets updated” and “The office managers give me good support which has got better since the recent management changes at our office.”

In discussion with the manager and coordinator it was clear that they had goals and a vision for the service to ensure that people received good care. These were underpinned by the service's mission statement, aims and objectives and caring principles which were outlined in their Statement of Purpose. The manager was clear about the responsibilities of their role.

Staff were positive about their role and this impacted positively on the care people received. One said, “I think the staff team are a great bunch and I would not change my job for the world.” Staff confirmed that they had regular support and that team meetings helped to keep them up to date with any changes. Staff told us that they felt able to express their opinions. One said, “We have team meetings. These are good for catching up with colleagues and discussing any issues about our roles or work.”

The manager told us that they were receiving good support and resources from the larger organisation to assist in making improvements to the service. The quality of the service was monitored to ensure that improvements continued and people received a good service.

Head office carried out quarterly quality and performance audits. These reviewed all aspects of the service. Action plans had been developed and were checked to ensure that improvements were made.

The service carried out surveys and made regular telephone calls to people to check if they were happy with the service they received. Actions were taken to deal with any issues that had been raised.

Senior staff had carried out spot checks to observe staff practice and ensure that good standards were being upheld. Senior staff also sought feedback from people about staff's performance. One person told us, “They check to make sure that everything is alright.” Another person said, “The office rings me to check if all is OK.” People told us that they received a good quality service that met their needs. They said that the care they received, “could not be faulted.”