

MiHomecare Limited

# MiHomecare -Mora Burnett House

## Inspection report

Mora Burnet House  
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London  
NW3 3NJ

Tel: 03331212070

Date of inspection visit:

09 November 2020

10 November 2020

13 November 2020

02 December 2020

Date of publication:

08 March 2021

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Inspected but not rated

Is the service caring?

Inspected but not rated

Is the service responsive?

Inspected but not rated

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Mora Burnett House is an extra care housing scheme that provides support to people in their own flats in a purpose-built block. It provides a service to predominantly older adults. At the time of our inspection 30 people were using the service.

### People's experience of using this service and what we found

Medicines were not managed safely. We could not be assured that people were receiving their medicines as prescribed. Systems to manage risk and monitor the quality and safety of the service were not robust. Systems were not robust enough to ensure sufficient numbers of staff were effectively deployed to meet people's needs safely.

People and their relatives gave us positive feedback about their safety and told us that staff treated them well. The provider had a policy and procedure for safeguarding adults from abuse. The manager and staff understood what abuse was, the types of abuse, and the signs to look for. People were protected from the risk of infection. The provider had a system to manage accidents and incidents to reduce the likelihood of them happening again. The manager monitored these events to identify possible learning and discussed this with staff.

People and their relatives, where relevant were involved in making decisions about their care. However, when people had short calls, or their visit times had changed from their agreed times, there was no record to suggest people had consented to it. The manager and staff understood their responsibilities under The Mental Capacity Act 2005. Staff respected people and showed an understanding of equality and diversity. People's care plans included details about their ethnicity, preferred faith and culture. Care plans were person centred and included the level of support people needed from staff. The provider had a policy and procedure to provide end-of-life support to people.

The provider completed checks and audits on accidents and incidents, staff training, safeguarding and spot checks to drive improvements. The service had an on-call system to make sure staff had support outside office working hours. The manager and the provider remained committed to working in partnership with other relevant agencies to achieve positive outcomes for people.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 24 June 2019).

### Why we inspected

This inspection was initially carried out as part of a pilot exploring virtual approaches to inspection. However, during the course of the inspection we identified concerns with medicines management, staffing

and governance. This meant that under the terms of the pilot we needed to convert the inspection to one that included a site visit. We carried out a site visit on 02 December 2020. This inspection was a mixture of a focused inspection and a targeted inspection.

This inspection considered the key questions of safe and well-led and provide a rating for those key questions. Only parts of the effective, caring and responsive key questions were considered, and therefore the ratings for these key questions are those awarded at the last inspection.

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

#### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to people's medicines management, staffing, and systems to monitor the quality and safety of the service at this inspection.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

At our last inspection we rated this key question good. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

**Inspected but not rated**

### Is the service caring?

At our last inspection we rated this key question good. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

**Inspected but not rated**

### Is the service responsive?

At our last inspection we rated this key question good. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

**Inspected but not rated**

### Is the service well-led?

The service was not always well-led.

Details are in our Well-Led findings below.

**Requires Improvement** ●

# MiHomecare -Mora Burnett House

## **Detailed findings**

### Background to this inspection

#### The inspection

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.

This inspection was initially carried out as part of a pilot exploring virtual approaches to inspection. However, during the course of the inspection we identified concerns that meant we needed to revert to our existing methodology to carry out an inspection including a site visit. We undertook this targeted/focused inspection.

#### Inspection team

This inspection was completed by two inspectors and two pharmacist specialists. One expert by experience telephoned people who received care from the service and relatives to obtain feedback about their 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 provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care service.

The service did not have a manager registered with the Care Quality Commission. The current manager was in the process of registering with CQC. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

### Notice of inspection

This inspection was announced. We gave the service 48 hours' notice of the inspection because we needed to be sure the manager would be available to assist.

Inspection activity started on 09 November 2020 and ended on 02 December 2020. We visited the office location on 02 December 2020.

### What we did before the inspection

We reviewed information we held about the service. This included details about incidents the provider must notify us about, such as allegations of abuse, and accident and incidents. The provider was not asked to complete a provider information return prior to 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 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-

We spoke with five relatives to gain their views about the service. We also spoke with eight care workers, the manager, operations manager, head of governance and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included 10 people's care plans and risk assessments. We looked at documentation relating to medicines for 10 people. We looked at nine staff files and checked recruitment. We also looked at records relating to the management of the service such as monitoring and audits and a variety of policies and procedures.

### After the inspection

We continued to seek clarification from the manager to validate evidence found. We looked at care logs, electronic call monitoring logs, medicines management and quality assurance records.



# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Using medicines safely

- Medicines were not managed safely. Medication risk assessments were in place for people whose records we looked at. Staff told us these were updated when medicines were altered. However, for all of the people whose notes we examined, these risk assessments were not up to date and included medications that were no longer being used. This meant health care professionals using these assessments to guide care would not have a full picture of the persons treatments.
- Medication risk assessments, support plans and specific health conditions risk assessments (e.g. Diabetes) did not contain enough personalised information to ensure staff knew how to care for people safely.
- Risk assessments and protocols for when 'as required' (PRN) medicines should be given were not clear to ensure a carer would consistently administer medicines when needed. We saw that this was being addressed, but medicine risk assessments did not always include information about 'as necessary' medications.
- The service used electronic medication administration (MAR) charts, but staff were not using these correctly resulting in discrepancies in administration records. This meant it was not always clear whether a person had received their medicines.
- Where people were receiving medicines via novel routes (e.g. patches or inhalers) the records we looked at did not demonstrate that staff had the appropriate information to administer these safely.
- Managers completed MAR chart audits and we saw that discrepancies were identified. We asked for evidence that action had been taken but the service did not provide this.
- Allergy information was not recorded on people's MARs. We saw this on the medication risk assessment and staff told us this was on files held in each person's home.

This is a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff completed mandatory medicines administration training which was repeated annually. This included a competency check by their line manager/supervisor.

### Staffing and recruitment

- People were not being supported appropriately as staff were not effectively deployed. One relative told us, "Not always. Sometimes when I get there at 10.30am, my relative has not even been given breakfast by them [staff]." Another relative said, "My [loved one] says times differ, but I take that with a pinch of salt. I'm not always there but when I am, they [staff] are regular."
- A member of staff told us, "On one occasion, three weeks ago, for a morning call (7am to 1.30pm) when six

staff were required, we had only four staff to do all the morning calls and the calls went up to 3.00pm".

- Staff calls were not always scheduled as agreed with people. For example, one person's morning call was agreed for 10.00am but was scheduled at 8.30am, one hour 30 minutes early. The 7.00pm agreed call was scheduled at 8.05pm, one hour five minutes late.
- On some occasions staff had not spent the full allocated time at people's homes. For example, for a person's one hour scheduled call, staff had spent 21 minutes. Another person was visited 15 minutes for a one-hour call. A third person had 23 minutes visit for a 45 minutes call.
- On 07 October 2020, a person was scheduled from 7.40pm to 8.25pm for a dinner call, but the staff visited from 6.32pm to 7.15pm, one hour eight minutes early. Staff recorded in the care notes that the person said, they will make dinner on their own, so staff left without making dinner for them. Dinner visit undertaken earlier than planned did not meet the needs of the person.
- A member of staff told us, "I was given to attend seven people for 30 minutes each, but I have only two hours and 30 minutes time on duty. So, I have to adjust all the seven people in two hours and 30 minutes. Therefore, I end up doing short calls and not staying for the full allocated time at each person. Sometimes, because I have to go and attend the other people I rush and manage to finish tasks in a short time. This call planning is coming from the office, so I do not report to them but just adjust."
- Some double handed (some people required support by two staff) calls were not delivered as planned which comprised people's safety. For example, a person was assessed at risk of falling when mobilising, so required the support of 2 staff. On 06 October 2020, a double handed call was scheduled for this person from 9.45am to 10.45am, but they were attended by a single member of staff between 10:49 am to 11:06 am staff, and they transferred this person to the arm chair, which was not safe. Another person was assessed for a double handed care due to their mobility needs. However, on 05 October 2020, this person was attended by a single member of staff between 14.09 pm to 14.22 pm, and they were hoisted into a wheelchair, which was a risk.
- A member of staff told us, "Double up call is more difficult, and we have great problem for a double up call. I assume it that they [management] know the problem and we just adjust ourselves. This is also a problem for people that we are not able to meet their needs at agreed time with them."

We found no evidence that people had been harmed however, systems were not robust enough to ensure sufficient numbers of staff were effectively deployed to meet people's needs safely. This placed people at risk of harm. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider carried out satisfactory background checks for all staff before they started working. These included checks on staff member's qualifications and relevant experience, their employment history and consideration of any gaps in employment, references, and criminal record checks and proof of identification. This reduced the risk of unsuitable staff working with people who used the service.

Systems and processes to safeguard people from the risk of abuse

- Relatives of people gave us positive feedback about their loved one's safety and told us that staff treated them well. One relative told us, "Yes, I think it is [safe]. It is warm and secure, and they [staff] do an incredible job in tough circumstances."
- The provider had a policy and procedure for safeguarding adults from abuse. The manager and staff understood what abuse was, the types of abuse, and the signs to look for. This included reporting their concerns to the manager and the local authority safeguarding team. Staff completed safeguarding training.
- Staff knew the procedure for whistle-blowing and said they would use it if they needed to.
- The service maintained records of safeguarding alerts and monitored their progress to enable learning from the outcomes when known. The service worked in cooperation with the local authority, in relation to safeguarding investigations and they notified the CQC of these as they were required to do.



- The manager implemented performance improvement plans for staff to make sure they used incidents as an opportunity for learning. □

#### Assessing risk, safety monitoring and management

- Staff completed risk assessments and risk management plans that included guidance for staff. For example, about skin integrity, manual handling, eating and drinking and the home environment.
- Risk assessments were reviewed periodically and as and when people's needs changed. Staff told us these records provided them with the relevant information they needed to understand people's situation and needs. The manager monitored them to ensure any areas for improvement were identified and discussed with staff.

#### Preventing and controlling infection

- People were protected from the risk of infection. Staff understood the importance of effective hand washing, using personal protective equipment (PPE) such as aprons, masks and gloves and disposing of waste appropriately, to protect people and themselves from infection and cross-contamination.
- A Covid 19 risk assessment had been completed for staff and the manager was aware of individual circumstances which could make staff at high risk.
- The service had infection control procedures in place and records showed that staff had completed infection control training to ensure they knew how to prevent the spread of diseases.

#### Learning lessons when things go wrong

- The provider had a system to manage accidents and incidents to reduce the likelihood of them happening again. Staff completed accident and incidents records. These included action staff took to respond to and minimise future risks, and who they notified, such as a relative or healthcare professional.
- The manager monitored these events to identify possible learning and discussed this with staff.

# 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.

At the last inspection this key question was rated as good. We have not changed the rating of this key question, as we have only looked at the part of the key question we have specific concerns about.

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- People and their relatives, where relevant were involved in making decisions about their care.
- People's capacity to consent to their care and support was documented. Where people had Power of Attorney in place it was noted in their care plans.
- Staff had received MCA training and understood people's rights under this legislation. The manager and staff understood their responsibilities under the MCA.

# 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.

At the last inspection this key question was rated as good. We have not changed the rating of this key question, as we have only looked at the part of the key question we have specific concerns about.

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

- People and their relatives were involved in the assessment, planning and review of their care. However, when people had short calls, or their visit times had changed from their agreed times, there was no record to suggest people had consented to it.
- One relative said, "Given the limited time that they [staff] have. They do an excellent job and my loved one speaks very highly of them." Another relative commented, "Always. If I ask them to do something, they will do it for example, if I ring them [staff] to tell them that the phone needs recharging and if they could pop upstairs and tell him that the phone's dead, they will do it."

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

- Staff respected people and showed an understanding of equality and diversity. One relative told us, "They [staff] always ring the bell or knock on the door before entering." Another relative said, "Oh yes. I was there a few days ago and they [staff] closed the door and then dressed him."
- People's care plans included details about their ethnicity, preferred faith and culture.
- The service was non-discriminatory and staff told us they would always seek to support people with any needs they had with regards to their disability, race, religion, sexual orientation or gender.

## Is the service responsive?

### Our findings

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

At the last inspection this key question was rated as good. We have not changed the rating of this key question, as we have only looked at the part of the key question we have specific concerns about.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care plans were person centred and contained information about people's personal life and social history, their health and social care needs, family and friends, and contact details of health and social care professionals. They also included the level of support people needed from staff and what they could manage to do for themselves.

- One relative told us, "Following a check by the local doctor, my loved one now has an enhanced care package. If they look depressed, I will get a call, or they [staff] will inform me if things change dramatically."
- Staff told us that before they went to people's homes, they looked at their care plans to know how to support them.
- Staff completed daily care records to show what support and care they provided to each person.
- Staff told us they would discuss with the manager any changes they noticed when visiting people to ensure their changing needs were identified and met.
- The manager told us they would update care plans with guidance for staff when people's needs changed.

End of life care and support

- The provider had a policy and procedure to provide end-of-life support to people. However, no-one was using the service required end-of-life support at the time of our inspection.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Systems to manage risk and monitor the quality and safety of the service were not robust. There was no effective system in place to monitor timekeeping of calls and we found numerous issues in relation to this during this inspection. For example, during the period 01/10/2020 to 18/10/2020, we found staff calls were not always scheduled as agreed with people and staff were late for their calls with times ranging from 45 minutes to 1 hour 48 minutes late. Staff also did not stay for the full duration of their agreed times and some double handed calls were not being delivered by two staff. Therefore, placing people at risk of receiving inappropriate care.
- The provider conducted a call log analysis record for October 2020. However, we found there was no information detailing for each call why staff had not spent the full allocated time with people, why staff visited late, why staff calls were not planned as agreed with people, why some double handed calls were not delivered by two staff and only attended by one staff member.
- People used a call bell when they needed help. However, there was a lack of oversight to monitor if staff responded to people's call bells in a reasonable time. The manager told us, they did not have access to assess the call bells response time and that it was being managed by the housing association (who were not available on the site due to pandemic).
- The provider carried out a satisfaction survey in February 2020. The survey results showed, most people were happy, but some people commented that staff were sometimes late. In response, the provider developed an action plan, for office staff to review staff rotas and times that people received their calls to ensure people received their care at the expected times. However, these issues have not been resolved as we found multiple issues with timekeeping during this inspection.
- Medicines were not being managed safely. Medication risk assessments were not up to date and included out of date information in relation to medicines being taken, risk assessments in relation to specific health conditions and for when 'as required' medicines did not contain sufficient information for staff to care for people safely. Medicines records were completed incorrectly by staff so we could not be assured people received their medicines as prescribed.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection feedback, the provider carried out an analysis of their electronic call monitoring system and processes and further held staff meetings to make improvements.
- The provider completed checks and audits on accidents and incidents, staff training, and safeguarding. As a result of these checks and audits, the manager discussed with staff to ensure people's needs were met safely.
- The senior staff carried out spot checks of staff to ensure care was provided as planned.

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

- There was a clear staffing structure in place and staff understood their roles and responsibilities.
- The service had an on-call system to make sure staff had support outside office working hours and staff confirmed this was available to them.
- The provider encouraged staff to be involved in service improvements through periodic meetings. Areas discussed at these meetings included call timings, changes to care plans, risk assessments, staff training, staff supervision and spot checks, satisfaction surveys, and coordinating with health and social care professionals to ensure continuity of care.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider engaged with people and their relatives for service improvements through care reviews. One relative told us, "They [staff] are always very welcoming. I can talk and discuss things easily with them."
- Staff meetings were held to share learning and good practice, so staff understood what was expected of them at all levels. Records of the meetings included discussions of any changes in people's needs and guidance to staff about the day to day management of the service, coordination with health care professionals, and any changes or developments within the service.

Working in partnership with others

- The manager and the provider remained committed to working in partnership with other agencies and services to promote the service and to achieve positive outcomes for people.
- They worked closely with local authority commissioners and healthcare professionals.
- Feedback from a social care professional stated that the provider was responsive and had been cooperative with safeguarding investigations.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Systems to manage risk and monitor the quality and safety of the service were not robust.
Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  Systems were not robust enough to ensure sufficient numbers of staff were effectively deployed to meet people's needs safely.

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The provider had failed to implement systems and processes to ensure the safe management of medicines.

**The enforcement action we took:**

Issued a warning notice.