

MiHomecare Limited

# MiHomecare - Live-in Hersham

## Inspection report

336 Molesey Road  
Walton-on-Thames  
Surrey  
KT12 3PD

Tel: 01932 223050

Website: [www.mihomecare.com](http://www.mihomecare.com)

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### Ratings

#### Overall rating for this service

Requires improvement



Is the service safe?

Good



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



### Overall summary

We inspected MiHomecare - Live-in Hersham on 4 February 2015. This was an announced inspection as we wanted to ensure that key staff, such as the service manager, were available to speak with us. MiHomecare - Live-in Hersham is a care agency providing live-in care for people in their own homes. This includes older people, people with a physical disability and people living with dementia. At the time of our visit the service supported 111 people.

There was no registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

# Summary of findings

The last inspection of the service was carried out on 27 September 2013. At that time, the service was meeting the essential standards of quality and safety.

At this inspection, we found areas of practice that required improvement.

There were written complaints procedures in place but the provider had not satisfactorily investigated all complaints received or taken proportionate action where necessary to make improvements to the service people received.

Staff supervision and appraisal had not been taking place to ensure that staff were appropriately supported. Staff had not received training in the Mental Capacity Act 2005 (MCA) or Deprivation of Liberty Safeguards, which meant they could not be sure that the care they provided was delivered in line with this legislation.

The provider had not established an effective system to assess, monitor and improve the quality of the services provided. The service manager had identified that supervisions and appraisals had not been happening as often as they should but had not taken action to address this issue. The provider had not sought people's views regularly to ensure that the quality and safety of the service was monitored effectively. Some people told us that their care was not reviewed often enough to take account of changes in their needs.

People and relatives told us that they felt safe with the staff that supported them. One person told us, "I'm very

happy with the way my care is provided. She knows what needs to be done and she's very efficient." Another person said, "I have no concerns at all, I feel very safe when she provides my care."

People told us that care workers were caring and that they had developed positive relationships with them. They said their individual needs were met and understood by kind and caring staff. Relatives said their family members were treated with respect and dignity and had their independence promoted. One relative told us, "The care is really good, they're very polite and respectful. My Mum likes to be independent and they help her out a lot."

People's needs were assessed before they received care from the agency. Assessments identified the individual support people needed and their preferences about their care. Risk assessments were carried out to ensure people were safe within their home and when they received care and support. The service had policies in place to protect people from abuse and staff knew what to do if safeguarding concerns were identified. There was evidence that the agency made referrals to the local safeguarding authority where necessary.

During the inspection we identified some breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

# 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 and relatives told us that they felt safe with the staff that supported them.

Risk assessments were carried out to ensure people were safe within their home and when they received care and support.

The service had policies in place to protect people from abuse and staff knew what to do if safeguarding concerns were identified.

Good



### Is the service effective?

The service was not consistently effective.

Staff had not received supervision or appraisal often enough to make sure that they were appropriately supported in the work they performed.

Care staff had not received all the training they needed to ensure that the care they provided was in line with relevant legislation.

People's needs were assessed before they received care from the agency.

Most people and their relatives told us that they were satisfied with the care they received.

Requires improvement



### Is the service caring?

The service was caring.

People told us that care workers were caring and that they had developed positive relationships with them.

People said their individual needs were met and understood by kind and caring staff. They told us that they felt involved with their care and that they mattered.

Relatives said their family members were treated with respect and dignity and had their independence promoted.

Good



### Is the service responsive?

The service was not consistently responsive.

Some people told us that the agency contacted them regularly to seek their views but others said these checks were rarely carried out.

The provider had written complaints procedures in place but did not always follow these procedures when responding to complaints.

Requires improvement



# Summary of findings

Individualised care plans had been drawn up from people's initial assessments and demonstrated that people had been involved in the development of their care plans.

## Is the service well-led?

The service was not consistently well-led.

The provider had not established an effective system to assess, monitor and improve the quality of the services provided.

Some shortfalls in the service had been identified but action had not been taken to address these issues.

Some people told us that their care was not reviewed often enough to take account of changes in their needs.

**Requires improvement**



# MiHomecare - Live-in Hersham

## 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 checked 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.

Two inspectors carried out this inspection, which took place on 4 February 2015. This visit was announced, which meant the provider and staff knew we were coming. We did this to ensure that appropriate office staff were available to speak with us and that people using the service were made aware that we may contact them to obtain their views.

Before the inspection we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the

service, what the service does well and improvements they planned to make. This enabled us to ensure we were addressing any possible areas of concern and looking at the strengths of the service.

We also reviewed other information we held about the service and considered information which had been shared with us by local authorities that commission care with the provider. We looked at safeguarding alerts that had been made and notifications which had been submitted.

On the day of the inspection we spoke with the service manager and two care managers. After the inspection we contacted 24 people who used the service, 12 relatives and seven care workers.

We reviewed records at the provider's office, including six staff files, complaints records, accident/incident records and safeguarding recording and other records related to the management of the service. We also reviewed five care plans and other relevant documentation to support our findings.

# Is the service safe?

## Our findings

People told us that they felt safe when staff provided their care. One person told us, “I’m very happy with the way my care is provided. She knows what needs to be done and she’s very efficient.” Another person said, “I have no concerns at all, I feel very safe when she provides my care.” A third person said of their care worker, “She’s cheerful and friendly. She makes sure that what needs to be done is done”. A fourth person said, “I feel quite safe and comfortable in my own home, if I didn’t feel safe I would contact my family or the service. I wouldn’t change anything.”

Relatives also told us that staff provided safe care. One relative told us, “I’m happy with all the girls that support my relative, there is nothing that I would like to change.” Another relative said, “I’m very happy with the care my dad receives. They all do what he asks and I’d complain if I wasn’t satisfied.”

There was a system in place to identify risks and protect people from harm. Each person’s care plan had a number of risk assessments completed, that had been discussed with them and reviewed. The assessments detailed what the activity was and the associated risk, who could be harmed and guidance for staff to take. The manager told us, “We carry out an initial assessment of people before the care starts. We look at areas such as moving and handling, food and drink, skin integrity and risks in the home environment.”

Systems were also in place to assess wider risk and respond to emergencies. We were told by the manager that the service operated an out of hours on-call facility within the organisation, which people and staff could ring for any support and guidance needed. There was a business continuity plan, which instructed staff on what to do in the event of the service not being able to function normally.

Accidents and incidents were recorded and staff knew how and where to record the information. Care managers told us that incidents and accidents were reported to the Health and Safety Executive to determine whether an accident/

incident required formal investigation. They said that care workers had to write detailed care notes and had to sign records to ensure accountability. The expectations of staff were given to people who used the service.

Staff described different types of abuse and what action they would take if they suspected abuse had taken place. There were a number of policies to ensure staff had guidance about how to respect people’s rights and keep them safe from harm. These included clear systems on protecting people from abuse. Records confirmed staff had received safeguarding training as part of their essential training at induction and that this was refreshed regularly.

The agency had made safeguarding referrals to the appropriate local authority when allegations of abuse or poor practice had been received from people who used the service or their relatives. The agency had worked with local authorities to investigate the allegations and had taken appropriate action to safeguard people following allegations.

The majority of care staff were recruited from outside the UK. The service manager outlined the recruitment process. Employment agencies in the care workers’ countries of origin carried out the first stage of the recruitment process, interviewing and vetting candidates. These agencies also took up references for candidates. The agency then carried out telephone interview from the UK. Upon arrival in the UK successful applicants had to produce original documents for the agency, including their passport and evidence of the right to work in the UK. All original documents were then forwarded to the provider’s Vetting and Compliance Manager at the group’s head office.

The staff files we checked contained evidence of appropriate pre-employment checks, including proof of identity, passport and written references, evidence of interview questions and responses, questionnaires to establish their level of English, both spoken and written, a health questionnaire and police checks from their country of origin.

The provider had a policy and procedures for the safe management of medicines. The service manager told us that any staff who administered medicines would receive training in the safe management of medicines but that no staff currently administered medicines to people.

# Is the service effective?

## Our findings

We found that live-in care staff had not been meeting with their managers for support, supervision and appraisal as often as the provider's policy stated they should. Staff told us that they did not receive regular supervision from their line managers and did not have an annual appraisal. Staff records held in the agency's office indicated that staff had not had regular supervision or appraisal with their managers. None of the files we checked demonstrated that staff had had supervision or appraisal in line with the policy. We found that three staff had no supervision recorded for over 12 months. We also found no evidence of annual appraisal for four staff. This meant that staff had not had sufficient opportunities to discuss their performance, professional development or training needs. The service manager acknowledged that supervisions and appraisals had not been happening as often as they should.

We found that staff had not received training in the Mental Capacity Act 2005 or the Deprivation of Liberty Safeguards (DoLS). The staff we spoke with were not aware of their responsibilities in relation to MCA/DoLS as they had not attended training in this area. This meant that staff could not be sure that the care they provided complied with this legislation. For example, staff would be unaware in which circumstances they should make an application for a DoLS authorisation to the local authority. Staff were also unaware of the need to carry out a mental capacity assessment for people who may lack the capacity to make decisions for themselves. This meant that the wishes of people who lacked capacity were not recorded and the input of their families, friends and representatives was not considered at best interests meetings.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found evidence that people's needs were assessed before they received care from the agency. Assessments recorded medical history and conditions, eyesight, hearing, diet, continence and tasks such as dressing, washing and using the toilet. They identified the individual support

people needed and their preferences about their care. Assessments also listed any other people or agencies involved in the person's care, such as healthcare professionals.

People told us that they were satisfied with the care they received. One person told us, "I'm very happy with the carer. She's wonderful, she knows what and when I need help. She is spotlessly tidy and keeps the house beautifully, I am offered choices and she also asks for my consent." Another person said of their care worker, "She's marvellous. She speaks good English and is intelligent. I feel confident that she understands my needs." A third person said of their care worker, "She does everything for me. She is kind, she takes me to Waitrose and we sometimes we just sit in the sun for an hour. She is friendly and she's a good cook."

Relatives told us that their family members received their care from regular staff who knew their needs well. A relative said of their family member, "He's had the same carer for 18 months now. He likes the consistency." Another relative told us that their family member had specific dietary needs and said, "They manage her nutrition well. I believe all her needs are met."

We found that the person using the service or their representative had signed to consent to their care plans. We also found evidence that people using the service were issued with a contract by the agency setting out the terms and conditions of their contract with the provider.

People told us that staff supported them to maintain good health and to make a medical appointment if they needed one. They said that staff helped them to read and understand information they received from healthcare professionals. Where required, staff supported people to eat and drink and maintain a healthy diet. Three people told us that their care workers prepared breakfast for them and that they always had a choice of what they wanted. Care plans provided information about people's food and nutrition. People had been supported to maintain good health and have on-going healthcare support. A person told us, "I'm very grateful, they're very helpful. I couldn't manage now without them".

# Is the service caring?

## Our findings

People told us that care workers were caring and that they had developed positive relationships with them. One person told us, “The carers are very kind and polite. I have a good banter with them; one carer is like my sister, like part of my family.” Another person said, “I have two regular carers and I get on well with them both.” A third person said of their care worker, “We get on very well indeed, things couldn’t be any better. Anything I ask her for, I get and we have a laugh together. She is good company for me.”

Relatives said their family members were treated with respect and dignity and had their independence promoted. One relative told us that care workers supported their family member to access their local community, which was very important to them. Relatives told us that staff explained the aspects of their family member’s care that they provided. One relative said, “The care is really good, they’re very polite and respectful. My Mum likes to be independent and they help her out a lot.”

Staff knew what support the person they were caring for needed because the information was contained in the person’s care plan. The care plan had been drawn up from the initial assessment, which identified people’s individual needs and preferences about their care. People and their relatives told us that they had been involved in the planning and review of their care. They told us that they understood their care plans and had discussed choices around their care.

All the people we spoke with said they felt staff treated them with dignity and respect. One person told us, “She’s very careful when helping me shower”. Another said, “They’re very respectful and kind”. A third person said, “They look after me very well. I’m treated as an individual.” The service had a confidentiality policy which was accessible to all staff. People using the service were provided with information around confidentiality.



# Is the service responsive?

## Our findings

Some people said that they were contacted by the service to check whether they were happy with the service but others said that these checks were rarely made. This meant that people were not given sufficient opportunities to give their feedback about the service they received or to request changes to their care. For example one relative told us that they were not always happy with the care and support their family member received. They said that they had requested care workers similar to their family member's age as their family member preferred "someone on his own wavelength." The relative told us that the agency had not responded appropriately to their request. The relative said, "Some of the older carers treat him like a child, which he hates. He feels very frustrated when carers don't take the time with him to understand what he wants."

The service had systems in place to check the service people received was meeting their needs but these checks were not all up to date. We checked records on the service's computerised records system, People Planner. The system highlighted that a number of people's care reviews were overdue. This meant that people were not given sufficient opportunities to discuss their care needs and to be involved in developing their care plans. Some people told us that their needs had changed since their last review, which meant that their care plans did not reflect their needs. People Planner also indicated that other checks, including people's customer reviews, telephone reviews, support plans and spot checks on care workers were overdue. In some cases, People Planner recorded no checks at all in 2014.

Three people told us that the provider had not followed their written complaints procedure in response to

complaints they had made. The provider's complaints procedures state that a formal record of all complaints will be made, a copy of which will be provided to complainants within two days. The policy also states that an investigating officer will be appointed and the investigating officer's name will be given to complainants within 48 hours. People told us that the agency had not supplied them with a copy of their complaints or been given the name of an investigating officer. The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 require providers to investigate all complaints received and take proportionate action in response to any failure identified by the complaint or investigation. We checked the provider's responses to complaints and found that the provider had not satisfactorily investigated all complaints received or taken proportionate action where necessary to make improvements in the service people received.

This was a breach of Regulation 16 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

All the records we checked contained evidence that people's needs had been assessed before they received care from the agency. We found that risk assessments had been carried out for the environment in which the care was to be provided. Risk assessments had also been carried out to identify any risks arising from moving and handling and the risk of developing pressure ulcers had been considered. Risk assessments were reviewed on an annual basis or whenever there was a change in a person's needs.

Individualised care plans had been drawn up from people's initial assessments and demonstrated that people had been involved in the development of their care plans. The care plans provided information for staff on how to deliver people's care in the way they needed and preferred.

# Is the service well-led?

## Our findings

The provider had not established and operated systems to assess, monitor and improve the quality and safety of the services provided, including the quality of people's experience. Some staff told us that they were not adequately supported in their roles and that they did not have opportunities to discuss their development needs. The service manager had identified that supervisions and appraisals had not been happening as often as they should but had not taken action to address this issue. Staff had not received all the training they needed to ensure that they provided care and sought consent in line with legislation. This had not been identified through the provider's auditing and monitoring procedures.

The provider had not sought people's views regularly to ensure that the quality and safety of the service was monitored effectively. Some people told us that the provider did not contact them to seek their views about the care they received. Others said that their care was not reviewed often enough to take account of changes in their needs. Three people told us that the provider had not responded appropriately when they had raised concerns about the care they or their relative received.

There was no registered manager in post at the time of our inspection, which meant that the provider did not have a person with legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

This was a breach of Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service had submitted notifications to CQC and the local authority when necessary, for example when allegations of abuse were received. The service manager told us that a management meeting was held each month, which was attended by the service manager, all care managers and the rota manager. The service manager told us that these meetings were used to discuss people at risk, issues relating to people's care and to give staff updates on policies, procedures and practice. The provider had appropriate data management systems to ensure that records relating to people's care and other records related to the management of the service were stored securely.

The service had a mission statement and statement of purpose that set out its values and standards of service delivery. This information was available to staff and people who used the service. Staff told us that they had been made aware of the service values and expected behaviours when they started work. They said that the ethos of the service was to provide safe and care that was responsive to people's needs and that they aimed to maintain this ethos in their work. Care managers told us that staff had access to a free phone number if they needed support regarding any personal issues.

Staff knew about whistleblowing and said they would have no hesitation in reporting any concerns they had. They reported that managers would support them to do this in line with the provider's policy. We were told that whistle-blowers were protected and that staff were encouraged to disclose concerns about poor practice.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

### Regulated activity

Personal care

### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

The registered provider had failed to provide adequate support for staff in the duties they were employed to perform through training, supervision and appraisal.

### Regulated activity

Personal care

### Regulation

Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints

The registered provider had failed to:

- (1) Investigate all complaints received.
- (2) Establish and operate effectively an accessible system for identifying, receiving, recording, handling and responding to complaints by service users and other persons.

### Regulated activity

Personal care

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The registered provider had failed to establish and operate effectively systems or processes to ensure that the quality and safety of the services provided were assessed, monitored and improved.