

Cmichaels Healthcare Ltd

Cmichaels Healthcare

Inspection report

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Date of inspection visit:
16 January 2019

Date of publication:
20 February 2019

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service:

Cmichaels Healthcare is a small domiciliary care agency registered to provide personal care to people living in their own homes. The agency currently provides a service for people discharged from hospital and supported with end of life care. The service is also registered to provide a service for older people, people living with dementia, younger adults, children 13 to 18, learning disability and mental health. At the time of the inspection the service supported three people.

The service had a manager registered with the Care Quality Commission. This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

People's experience of using this service:

The provider's governance systems to check the quality of the service provided for people were not consistently effective and required improvement. This meant the provider was not meeting the minimum standards required by law and you can see what action we have asked the provider to take at the end of this report.

People were protected from potential risk of harm but risk assessments were not always written to the person's individual support needs to ensure staff provided a consistent level of care. People's care and support needs were assessed although in parts, the assessments were generic and could be more personalised. Although the service appeared to specialise in the provision of care for people at their end of life, the provider could do more to ensure people's end of life wishes were clearly explained within their care plans to ensure staff supported people consistently with their preferences for care at the end of their life.

Peoples' relatives told us their family member was safe and there were sufficient numbers of staff that were safely recruited to support people. Staff had completed medication training but at the time of the inspection there was no support being given to people with their medicine requirements. Staff had access to equipment and clothing that protected people from cross infection.

Staff received the training they required to meet people's needs. People accessed healthcare services to ensure they received ongoing healthcare support. People, as much as practicably possible, had choice and control of their lives and staff were aware of how to support them in the least restrictive way.

People were supported by kind and caring staff that knew them well. Staff encouraged people's independence, protected their privacy and treated them with dignity.

People were supported by staff that knew their preferences. There were two complaints made since the service started that had been investigated and resolved. People and their families knew who to contact if they had any complaints.

People and their relatives' views were sought about the quality of the care being provided. Staff felt supported by the management team.

People, their relatives and staff were happy with the way the service was managed and the provider worked well with partner organisations to ensure people's needs were met.

The service did not meet some of the characteristics of Good in two areas and more information is in the detailed findings below.

Rating at last inspection:

This was the service's first inspection since their registration in November 2017.

Why we inspected:

This was a planned inspection that took place on the 16 January 2019.

Enforcement:

Please see the 'action we have told the provider to take' section towards the end of the report.

Follow up:

As we have rated the service as requires improvement, we will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, 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?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

Requires Improvement ●

Cmichaels Healthcare

Detailed findings

Background to this inspection

The 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.

Inspection team:

One inspector and an expert by experience carried out this inspection. An expert by experience is someone who has had experience of working with this type of service.

Service and service type:

Cmichaels Healthcare is a small domiciliary care agency registered to provide personal care to people living in their own homes.

Notice of inspection:

We gave the service 48 hours' notice of the inspection visit because it is small and the management team is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

What we did:

We reviewed information we had received about the service since they were registered with us. This included details about incidents the provider must notify us about, such as allegations of abuse and we sought feedback from the local authority and other professionals who work with the service. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

We contacted people and/or their relatives by telephone on 17 January 2019 and spoke with three relatives to gather their views on the service being delivered. We also spoke with the provider, the compliance manager and four care staff. We used this information to form part of our judgement.

We looked at three people's care records to see how their care and treatment was planned and delivered. Other records looked at included three recruitment files to check suitable staff members were recruited and received appropriate training. We also looked at records relating to the management of the service along with a selection of the provider's policies and procedures, to ensure people received a good quality service. Details are in the 'Key Questions' below.

Is the service safe?

Our findings

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

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk people could be harmed.

Assessing risk, safety monitoring and management

- Although staff were knowledgeable about risks to people, not all risks had a care plan in place and the documents that were in place were generic and not written to reflect people's individual needs. For example, people at risk of sore skin had no risk assessment in place to inform staff of the risks to the person if they were not regularly moved, how they should be moved safely and body maps were not consistently completed. Any repositioning of people was not being consistently recorded and we were unable to check how often staff were monitoring and recording the condition of people's skin because this information was not being recorded consistently.
- Staff spoken with did know how to support people safely.
- Staff told us any changes in people's needs that could increase a risk of avoidable harm, was promptly referred to the appropriate healthcare professionals to ensure people's support needs would continue to be met.
- People had access to equipment such as walking aids, hoists and sliding sheets and relatives told us that staff followed safe moving and handling processes when supporting people.

Learning lessons when things go wrong

- The service had not had any incidents or accidents to report at the time of our inspection. The provider had an electronic reporting system in place that could monitor incidents and the action taken to mitigate future risk. However, this system was not being used and the provider was unable to demonstrate how they would learn from mistakes or how their systems would monitor for trends.

Preventing and controlling infection

- Staff spoken with told us they had received infection control training and were given a plentiful supply of protective equipment such as gloves and aprons that they used when delivering personal care. This ensured people were protected from cross contamination and infection.

Using medicines safely

- Staff had completed training on how to administer medicines. At the time of the inspection staff did not administer medicines to people because their family members supported them.

Systems and processes to safeguard people from the risk of abuse

- The provider had safeguarding systems in place and all the staff we spoke with had a good understanding of what to do to make sure people were protected from harm or abuse. One staff member said, "If I thought anyone was being abused, I would tell the manager and if they didn't act on it, I'd tell CQC."
- Peoples' relatives we spoke with told us that they felt their family members were safe in the presence of

care staff. One relative said, "[Person's name] is 100% safe with them [staff]."

Staffing and recruitment

- There was enough staff to support people's needs. People and relatives were happy with the level of staffing provided.
- Relatives told us staff generally arrived on time and would call if they were running late.
- Staff had been recruited safely to ensure they were suitable to work with people.

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.

People's outcomes were consistently good, and relative's feedback confirmed this.

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

- Assessments of people's needs were completed prior to joining the service to ensure their needs could be met. One relative said, "They [staff] know [person] very well and are very aware of the type of care they need."
- Relatives confirmed the service reviewed their family member's needs as required.

Staff support: induction, training, skills and experience

- Staff received training which was effective and relevant to people's needs. One relative told us, "They [staff] are very well trained in all areas, but especially in moving and handling they are very competent in that area."
- New staff received induction training to the service. One staff member told us, "I have completed all my mandatory training which included, moving and handling, safeguarding and health and safety, a couple of months ago and I shadowed [staff name] for five days."
- Staff told us they had received positive support through supervision, team meetings and spot checks on their working practices. This enabled them to maintain their skills, knowledge and ongoing development. One staff member said, "[Manager's name] comes out and checks how we are using the hoist and sliding sheet and if we are not using them properly we are called in to re-train."

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

- Staff did not provide support to people to eat and drink to maintain a balanced diet because people were supported by their relatives.

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

- Staff monitored people's health care needs and would inform relatives and healthcare professionals if there was any change in people's health needs. One staff member told us, "We check [person's] skin every time we visit and if there is any change we let the family know or call the [district] nurse."

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.

- Where people did not have capacity to make decisions, they were supported to have, as much as possible, choice and control of their lives and staff supported them in the least restrictive way possible.
- Staff told us they sought people's consent in line with the MCA and relatives confirmed staff would ask their family member's permission before supporting them. One relative told us, "Even though [person] can't (verbally) communicate, they use facial expressions so we know if they are not happy with something. They respond to the carers." A staff member told us, "We always speak to [person] and explain what we are going to do and if their facial expression changes we know they are not happy with that, so we wait until they are happy for us to support them."

Is the service caring?

Our findings

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- Relatives confirmed their family members were treated with kindness and were positive about the staff's caring attitude. One relative told us, "I think it [the service] is excellent, professional, with caring staff who do their best to provide good care."
- Staff spoke with kindness and compassion about the people they supported and told us they enjoyed their jobs. One member of staff told us, "I am very happy in my job and I like to help the people I am supporting."

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

- Although the people using the service were unable to verbally communicate their views, staff told us they would always do their best to involve people in decisions about their care. One staff member told us, "Everyone has a way of communicating and the more you support someone, the more you understand the way they communicate and sometimes they [people] can be more alert at different times of the day so you would get different responses, it's about getting to know them."
- Relatives told us they felt listened to. One relative told us, "Yes they [staff] do listen to me and always ask my opinion on things."

Respecting and promoting people's privacy, dignity and independence

- Staff told us they tried to encourage, where possible, people's independence. One staff member said, "[Person's name] doesn't talk but when we are assisting them to get dressed or reposition them, they try to help us by putting up their arms or trying to roll to one side, so we give lots of encouragement to keep doing this."
- People's dignity and privacy was respected. For example, staff told us they were discreet when supporting people with personal care tasks and gave us examples of how they would preserve people's dignity. One staff member said, "We always cover people up with towels so they are not exposed."

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

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

- Staff were knowledgeable about people and their needs.
- The provider ensured consistency of staff for people, so staff got to know people well.
- Staff knew how to communicate with people and ensured they used their knowledge about people when giving choices.
- The provider demonstrated to us their electronic system, which had a good level of information available, which could be updated with any changes and then staff advised

Improving care quality in response to complaints or concerns

- Relatives we spoke with knew how to complain and felt confident that if they did make a complaint it would be dealt with quickly. One relative said, "I feel very able if need be (to complain), I would ring the manager. There has never been a need though."
- We saw that since the service had registered there had been two complaints and both had been investigated and addressed providing the complainant with a response. We could see what action the provider had taken and this had been explained in the responses to the complainants.

End of life care and support

- The service specialised in providing end of life care and received input from the appropriate healthcare professionals. Care plans did contain some information around end of life care but required more information in relation to people's individual wishes regarding their end of life care.

Is the service well-led?

Our findings

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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

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

- Although the provider had an electronic system in place that was able to monitor the service, this was not being used effectively. For example, there was no record of care plan reviews of people's needs. We found minor errors in care plans and body maps had not been identified and corrected.
- Feedback was sought from people but there was no system to effectively record and monitor for trends to ensure continued improvements.
- There was a complaints process in place but there was no system to effectively record and monitor for trends to mitigate future reoccurrences.
- The provider had registered the incorrect address with Companies House; although they have now submitted a request to amend this.
- Some information required in all three care plans was either missing, duplicated or contradictory. For example, one person's mental health assessment stated their memory was intact, but also indicated they were unable to hold 'rational conversation.'
- One person's care records were found contained within another person's care records.
- A failure to have effective systems and processes in place to monitor and mitigate risks to people was a breach of the Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- The provider did conduct some checks to ensure the quality of care was monitored. These included spot checks on the support provided by staff and regular calls made by the provider and the registered manager to people and relatives to check they were happy with the quality of the service being delivered.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- Peoples' relatives and staff told us they felt listened to and that the management team were approachable.
- Staff spoke positively about the management team and felt they were supportive. One member of staff told us, "[Registered manager] is good, we talk frequently, they reassure us I am quite happy and can't complain."
- The provider and registered manager spent time with people in their homes and led by example to demonstrate how people should be supported with respect.

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

- The provider engaged with people and relatives through regular telephone conversations and visits to people's homes.
- We were told the provider and the registered manager were contactable if relatives needed to talk to them.
- Staff had team meetings and we saw that items raised had been actioned.

Working in partnership with others; continuous learning and improving care

- The service had worked in partnership with other health care organisations for people's benefit. For example, the staff told us that working relationships were good with the district nurses, the local GP and community health teams.

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider's governance systems to check the quality of the service provided for people were not consistently effective and required improvement. This meant the provider was not meeting the minimum standards required by law.</p>