

MiHomecare Limited

MiHomecare Kensington and Chelsea

Inspection report

Unit 2 , 2nd and 3rd Floors
Cambridge Court, 210 Shepherds Bush Road
London
W6 7NJ

Tel: 0331212401
Website: www.mihomecare.com

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26 June 2019

27 June 2019

28 June 2019

03 July 2019

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

MiHomecare Kensington and Chelsea is a domiciliary care agency which provides personal care and support to people living in their own homes.

The service was previously registered as part of MiHomecare Central London.

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

People told us their care workers were ordinarily punctual and reliable. The provider ensured that people received their care and support from regularly assigned care workers they got to know and systems were in place to minimise the risk of missed calls. People told us they were very pleased with the approach and skills of their care staff. Comments included, "Carers usually arrive on time and telephone when they think they'll be late" and "They are wonderful people and well trained."

People received appropriate support to meet their nutritional and hydration needs. Risk assessments were in place to identify and mitigate risks to people's safety and wellbeing. The management team effectively liaised with health and social care professionals if they had any concerns in relation to people's safety and welfare. People were protected by care staff who knew how to recognise signs of abuse and were confident their line managers would respond in a prompt and professional way to their concerns. People were safely supported with their medicines by care staff with suitable training and guidance.

People were supported by care staff who received training, supervision and other support for their development. The management and supervisory team carried out regular 'spot check' visits at people's homes to make sure people were being cared for safely and in line with their agreed care plans.

People informed us they were treated with kindness, compassion, dignity and respect. Care staff supported them to maintain their independence, where possible. People's views were sought for the developing and reviewing of their care plans. Their opinions were also regularly sought by the provider in relation to the quality of their care, for example through surveys and telephone monitoring questionnaires. The provider acted on this information from people to make improvements. People knew how to make a complaint about the service and the provider appropriately responded to any concerns.

The management team had detailed systems for monitoring, auditing and improving the service. Staff told us they could easily approach their line managers for advice and they were invited to participate in meaningful activities to improve the quality of people's lives.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests. The policies and systems in the service supported this practice but the recording of relevant information needed to be improved.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection:

This was the first ratings inspection for this service. The service was previously part of Mihomecare Central London, which was rated 'requires improvement' in March 2018.

Why we inspected:

This was a routine first ratings inspection.

Follow up:

The service was rated 'good'. We will continue to monitor information and intelligence we receive about the service until we return to visit as per our re-inspection guidelines. If we receive any concerning information we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

MiHomecare Kensington and Chelsea

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.

Inspection team

The inspection team comprised four inspectors and two Experts by 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. Our experts by experience areas of expertise included supporting older people with general health care needs and older people living with dementia.

Service and service type

This service is a domiciliary care agency. It provides a service to older and younger adults, including people living with dementia and people with chronic health care needs and/or a disability. Not everyone who used the service received personal care, this is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of our inspection the service was providing personal care to 240 people.

The service had a manager registered with the Care Quality Commission. 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

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure the registered manager and/or senior staff would be in the office to support the inspection. Inspection activity commenced on 24 June and ended on 26 July 2019. We visited the office on 24 June, 27 June, 28 June and 3 July 2019.

What we did before the inspection

We did not ask the provider to complete a provider information return. This is a document which asks for key information about the service, including what they do well and improvements they plan to make. We reviewed information we had received about MiHomecare Kensington and Chelsea since its registration in October 2018, which included notifications from the provider. A notification is information about important events which the provider is required by law to send us. We contacted a quality assurance officer from the local authority, who sent us written information about the service.

During the inspection

We spoke with the registered manager, quality assurance manager, a recruitment manager, three care workers, a field care supervisor and an electronic call monitoring officer. We reviewed a wide range of records, which included the care files for 15 people. We looked at recruitment and supervision records for 10 care workers. We reviewed records relating to the management of the service including quality assurance audits, complaints and compliments, accidents and incidents, and the training matrix.

After the inspection

We spoke by telephone with 17 people who used the service, 10 relatives and four care staff.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. This is the first inspection for this newly registered service. This key question has been rated 'good'. People were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Appropriate practices were in place to protect people from the risk of abuse and harm, which included staff training. Staff presented a suitable understanding of the different types of abuse people could be at risk of and felt assured their line manager would take prompt action to protect people if they reported any concerns. We noted the provider alerted social services when concerns were identified and took applicable action to protect people.
- People who used the service and their relatives told us they felt safe with staff. One person said, "Yes, I have regular carers and feel safe" and a relative commented, "We have had regular carers for a while and feel confident with them."
- Staff were provided with written guidance about how to whistle blow, which is when a worker reports suspected wrongdoing at work. Staff told us they felt confident about contacting their line manager or the registered manager if they were worried about the conduct of other employees within the company. They were aware of external organisations they could notify if required, for example social services, police and/or the Care Quality Commission.
- During the inspection we received anonymous information in relation to concerns about the safety and wellbeing of people who used the service. This was predominantly historical concerns about missed visits and alleged unsafe practices. Following discussions with external professionals and with the registered manager, we found these issues had been investigated by the local safeguarding team and the provider had taken appropriate and timely actions to protect people.

Assessing risk, safety monitoring and management

- People's care files evidenced that assessments were conducted to identify risks to their safety and provided staff with guidance to decrease these risks where possible. Risk assessments had been developed in relation to people's identified needs, for example risks associated with maintaining a balanced diet, choking, reduced mobility and susceptibility to falls.
- Care files also included an environmental risk assessment which assessed risks within people's home environment, for example uneven rugs and mats that could result in people experiencing trips and slips.
- The provider adhered to 'no reply' procedures and promptly informed the local authority if care staff could not access people's homes.

Staffing and recruitment

- People and their relatives told us the agency consistently provided a reliable service. Comments included, "The carers are so good, they are so punctual. There's enough time to complete the tasks, they are so sincere and all have very good qualities" and "The carer is mostly on time. And there is always enough time to do the tasks." Where people needed care and support from two care staff at visits, they stated this worked well.

- People were protected from missed calls. The provider effectually used its Electronic Call Monitoring (ECM) system to identify and address occasions when care workers had not arrived at people's homes in accordance with the planned timetables.
- Robust recruitment practices ensured people received their personal care and other support from staff with suitable backgrounds, skills and experience to safely meet their needs. The staff files we looked at demonstrated that appropriate pre-employment checks were conducted, which included two references, evidence of right to work in the UK and a Disclosure and Barring Service check (DBS). The DBS assists employers to make safer recruitment decisions and helps prevent unsuitable applicants from working with people who use care services.

Using medicines safely

- Staff received appropriate training and support from the provider to safely assist people with their medicines, in line with people's identified needs.
- Clear processes were in place to monitor the competency of staff in relation to medicine administration, for example spot checks at people's homes to make sure staff were properly adhering to the provider's medicine procedure. The supervisory and management team checked how staff completed medicine administration records. Where any concerns were detected, staff were provided with additional training and support to ensure they worked in a safe manner.

Preventing and controlling infection

- People and their relatives reported that care staff promoted their safety by working in a hygienic way. Comments included, "They use gloves and aprons when washing my leg" and "They do use protective clothing when needed."
- The provider ensured appropriate actions were followed to reduce the risk of cross infection for people, their relatives where applicable and care staff. Staff informed us they were provided with sufficient supplies of personal protective equipment to minimise risk. This included disposable gloves, shoe covers, aprons and hand gels.
- Staff told us they received infection control training, which was evidenced in the provider's training records.

Learning lessons when things go wrong

- There were systems in place for recording events including any accidents, incidents and safeguarding concerns. Learning from these events was used by the management team to implement essential changes to achieve safer care.
- The provider had taken measures to improve its scheduling and rota monitoring systems, which had significantly reduced the occurrence of missed visits.

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.

This is the first inspection for this newly registered service. This key question has been rated 'good'. People's outcomes were consistently good, and people's feedback confirmed this.

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

- The provider assessed people's needs, using any other available assessments from social services and/or relevant health care professionals where possible to ensure a cohesive approach. The assessments and accompanying care plan provided staff with straight forward guidance about how to meet people's needs. Assessments were kept under review and updated as necessary to incorporate significant changes in people's needs, wishes and circumstances.
- The assessments demonstrated that people were asked if they wished to share information about their background, for example current or former occupation, social interests and family composition. This information supported staff to understand people's wishes and aspirations, so they could provide individual and meaningful care and support.

Staff support: induction, training, skills and experience

- The provider enabled staff to attain the knowledge and skills they required to suitably meet people's individual needs, which included a mandatory training programme and opportunities to access national vocational qualifications in health and social care. Newly appointed care staff received induction training and shadowed experienced colleagues as part of their induction. Staff could also undertake the Care Certificate, which is an identified set of standards that health and social care workers adhere to in their daily working life.
- Staff were supported with their roles and responsibilities through regular formal one to one supervision, team meetings and an annual appraisal of their performance. A staff member told us, "We get a lot of training and [line manager] has told me about other training I can do in the future if I want to apply for promotion."
- People told us their care staff were skilled and competent. Comments included, "They all seem to know what they're doing, I've got no negative comments" and "They are very good, well able to do their job."

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

- The provider effectively met people's eating and drinking needs, where this formed part of their agreed care plan. People and their relatives told us they were pleased with the support from their care staff. One person explained, "Food at lunch time isn't a problem with them at all and they leave a sandwich for my teatime" and another person said, "[Care worker] cooks my ready meals and makes sandwiches, it's all good."
- People's care plans contained guidance for care staff to follow to support people to meet their individual nutritional needs and instructions for food preparation. This included information about personal preferences, cultural and/or religious requirements, and any diets recommended by health care

professionals.

- Care staff stated they alerted their line manager if they noticed any concerns about people's eating and drinking, to make sure that relevant healthcare professionals could be contacted for their input.

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

- People's care plans included information about health and social care professionals involved in their care and support, for example community nurses, occupational therapists, dietitians and physiotherapists. Records showed the management team contacted the local authority if they had concerns about people's health and wellbeing.
- People told us staff supported them to meet their health care needs. One person told us their care staff elevated their legs on a foot rest, in line with instructions from their doctor. The risk assessments and care plans developed by the provider stipulated whether staff needed to follow specific guidance from external professionals.
- Staff were supplied with written guidance in relation to specific health care needs. For example, advice in relation to common signs to observe for that could indicate a person had unstable blood sugars or a urinary infection.

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.

The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005. The safeguards aim to make sure that people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom. Where 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.

- The provider supported people to make their own choices about the delivery of their personal care and other support where possible and sought their consent. People were encouraged to sign their care plans if they were able to, in order to demonstrate they had been consulted about their care and gave their consent.
- Information was recorded to state whether people had appointed an attorney to make decisions on their behalf. The provider had endeavoured to obtain copies of original documents to evidence that people had appointed attorneys but this was not always in place, which meant staff could not always be assured they were liaising with the correct individuals.
- Where people were assessed to not have capacity to make decisions about their care and attorneys were not appointed, best interests' decisions were usually made with people's relatives and possibly any relevant professionals involved in the person's care and support. However, sometimes this information was not clearly recorded and appeared ambiguous.

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.

This is the first inspection for this newly registered service. This key question has been rated 'good'. People were supported and treated with dignity and respect; and involved as partners in their care.

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

- People and their relatives told us they were supported by kind and thoughtful staff who respected their needs and wishes. Comments included, "The carers are caring, never ever rude, they possess good manners" and "The carers are always kind, caring and help me."
- Care plans contained information about their cultural, spiritual and linguistic needs where applicable. Staff told us that in addition to reading the care plans they also spoke with people and their relatives to find out how they could meet their individual needs. For example, care staff explained they always checked whether they should remove their shoes before entering the homes of people they supported.
- People confirmed they had been asked by the provider if they wished to receive their personal care from a care worker of the same gender and their wishes were respected.

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

- People and their relatives told us they were consulted by the provider about how they wished their care and support to be delivered. For example, one person explained how their care staff had gradually supported them to become more independent with their personal care, in line with their own wishes to regain skills following a period of illness. Another person told us they received a flexible service that was planned to take their regular hospital appointments and other commitments into consideration.
- The provider requested people's opinions about their care and support by sending out surveys and carrying out regular quality monitoring telephone calls. We noted that where people or their relatives had expressed any concerns about the quality of the service during a quality monitoring telephone call, improvements had been achieved by the next time they were contacted.

Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us their care staff respected their entitlement to privacy and dignity. Comments included, "[Family member] says they make sure she is covered" and "No problem at all with dignity and privacy being preserved. [Family member] and carer get on well, there's a bond there." Staff confirmed they supported people to feel secure and comfortable before they offered assistance with personal care, for example by pulling curtains and closing doors.
- People spoke positively about how care staff supported them to maintain their independence as much as possible during personal care. Some people told us care staff also encouraged them to get involved with food preparation or light household tasks, where this type of support was included within the care package.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 'good'. People's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People and their relatives informed us their care staff provided care and support that was responsive to their individual needs. Comments included, "The carers are definitely good at what they do. I've had them for some time, they know my routines and I know them" and "The carers are very good. [Person using the service] has dementia...care staff are so patient, they are really good and dedicated."
- The care plans showed that people's identified needs and known wishes were explained, and their individual preferences were included. For example, if people preferred to have a daily shower and how frequently they liked to have their hair washed. The daily records completed by care workers evidenced that people's needs and preferences were met, in accordance with their care plans.
- Systems were in place to review and update people's care plans to reflect any changes to their care and support. Where necessary the provider informed the local authority that people might need to be assessed for additional support to respond to their changing needs.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances applies to their carers.

- The provider conducted assessments to identify people's ability to understand verbally presented and written information. The registered manager told us people could be given service user guides, care plans and other documents in accessible formats for example large print, braille or audio if required.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The care plans demonstrated the provider was working towards ensuring care staff had useful information about people's social interests and how staff could support them with these pursuits. For example, whether it was important for people to watch particular television programmes or liked to be brought a daily newspaper.

Improving care quality in response to complaints or concerns

- People were provided with information about how to make a complaint and told us they were satisfied with how the service managed complaints. Comments included, "I've complained twice, I rang and spoke to the coordinator and that was okay" and "I've been asked about carers in the past. Of course I'd complain

and I'd use the main office." One relative told us they had ongoing issues of concern in relation to their relative's care and meetings with both the provider and the local authority were taking place to resolve these concerns.

- We looked at the complaints received by the provider since the service first registered. These complaints had been properly investigated and where necessary, learning from mistakes took place. For example, the need to ensure that care staff who were covering for a person's regularly assigned staff were provided with sufficient information to smoothly deliver a good quality of service.

End of life care and support

- The registered manager told us they were not providing care and support for people with end of life care at the time of our inspection. We were advised that the service would sensitively work in partnership with people, their relatives and their healthcare professionals in the event a person needed end of life care.

- Where people had Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) orders, these were prominently displayed within people's care files to enable other relevant parties to be aware of this information.

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.

This is the first inspection for this newly registered service. This key question has been rated 'good'. The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The provider operated in an open and transparent manner. People and their relatives spoke in a positive way about their contact with the management team, stating they had observed how much the service had improved since last year. Their comments included, "It's good, I'd be lost without it, I'm very lucky to have this service", "Overall from my perspective it's a good organisation, times of visits can be changed due to cover need or sickness" and "They're doing a good job and are worth their weight in gold."
- Care staff reported they enjoyed working with a supportive management team. Remarks from staff included, "The service is now much better, they have sorted out our schedules" and "I like the way [registered manager and management team] communicate with us. [Registered manager] talked to us during the induction training about our responsibilities."
- Staff were encouraged to participate in the community inspired initiatives established by the registered manager and other colleagues. This included annual festive celebrations for people who used the service and staff, as well as a voluntary project to create and deliver Christmas hampers for people who appreciated additional friendship at this time of the year. The combined staff group had joined together to commemorate the lives of two dear and valued team members who sadly passed away at Grenfell Tower.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider frankly discussed the problems which had occurred previously when the service was registered as a single location with the domiciliary care service in an adjoining borough. The registered manager had ensured that meticulous attention was applied to the provider's own action plan and the recommended improvements from the local authority quality assurance officer.
- The registered manager understood her legal responsibilities and notified the Care Quality Commission of legally reportable events.
- There were detailed systems in place to identify and manage risks to the quality of the care provided. For example, systems were in place to check the electric call monitoring data and monitor any incidents or accidents. This enabled the provider to identify any patterns and trends.
- Staff had access to policies and procedures to support them to deliver care and support in a way that reflected legal requirements and best practice guidance. This included helpful guidance from reputable organisations to support staff to understand health care conditions, for example strokes and depression.

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

- People's views were gathered via surveys, telephone monitoring calls and during annual care planning review meetings at their homes. People's opinions were also sought as part of the 'spot check' visits to their homes. Comments from people and their relatives included, "It's a well-managed service from my point of view. They sent me a Christmas letter invite to their Christmas party and I met them all for the first time. I did a satisfaction survey recently, all good", "Very well managed, they give staff time to get to place" and "They ring me to ask if it's all going alright."
- We received comments from people and relatives about difficulties they had encountered when trying to reach office staff by telephone, although this situation was described as having improved. Comments included, "Very good apart from the office, you just can't get hold of them" and "The main office has had a change of leadership and it's improving now but it was chaotic a few years ago...better now and there is an answer phone service now." The registered manager was aware of the problems people had faced and had taken actions to improve communication systems.
- Staff told us they could easily approach their line manager if they needed guidance and were actively advised during supervision sessions and team meetings to discuss any concerns that impacted on people's health and wellbeing. Processes were in place to acknowledge good practice by staff and they were formally informed whenever external compliments were received about their conduct.

Continuous learning and improving care; Working in partnership with others

- The service worked closely with the local authority to ensure people received care and support which was safe and met their needs. We received positive comments from the local authority quality assurance officer about the improvements achieved.
- A range of audits were carried out to find ways of improving the service. This included audits conducted by senior management staff employed by the provider and other audits undertaken within the service. The audits addressed all aspects of how the service functioned, for example compliance with staff training and supervision targets, and whether sufficient 'spot check' visits took place. The audits clearly showed how visible improvements had been achieved.