MiHomecare Limited

MiHomecare - Thornton Heath

Inspection report

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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

Overall summary

This inspection took place on 26 and 27 February 2015 The provider was given 48 hours' notice of the first date of our office visit. This was because the location provides a domiciliary care service and we needed to be sure that we could speak to someone who co-ordinates the staff providing personal care.

MiHomecare - Thornton Heath provides personal support for people living in their own homes in the London boroughs of Lambeth, Croydon, Merton and Sutton, at the time of this inspection they were providing service to 350 people.

Summary of findings

We last inspected the service in September 2014. At that inspection it was identified the service needed to make improvements to protect people against the risks of receiving care and treatment that were inappropriate or unsafe.

People were not always protected against the risks of receiving care and treatment that was inappropriate or unsafe, because the, planning and delivery of care was not always coordinated in a way that met individual needs and promoted people's welfare and safety.

The provider had not ensured staff were properly supported to provide care and support to people who used the service. The service did not take appropriate steps to ensure each complaint was investigated fully and responded to appropriately within acceptable timescales. Care needs and risk assessments were routinely reviewed but the information was not always used effectively to make the necessary changes.

The service had experienced numerous changes together with the merging of other branches with this branch, and this had been poorly managed. The registered manager left and a constant change in the office based coordinating staff had impacted on the consistency and continuity of care people experienced.

The locality manager submitted an action plan on 10 October 2014 setting out the actions they planned to address these issues. The time for completion was set for 16 January 2015. We found at this inspection they had addressed all the areas where action was required.

The provider confirmed the appointment of a suitable person to the vacant post of manager. She had successfully completed a probationary period. The newly appointed manager confirmed she had completed an application to register with CQC and was awaiting the assessment interview to become a registered manager. 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.

People experienced improvements in the planning and coordination of care, and these arrangements met individual's needs and helped protect people against the risks of receiving care and treatment that was inappropriate or unsafe.

Staff were suitably trained and knowledgeable and understood safeguarding policies and procedures and knew what they should do if they suspected abuse or neglect was occurring.

The service had established robust recruitment processes, which made sure staff were suitable to work with people who could be at risk. People and staff told us there were enough staff available to deliver care but at weekends staff worked longer hours if short notice absenteeism were experienced. The agency had an on-going recruitment process to respond to needs of people in specific locations where difficulties were experienced in recruiting car staff.

Care coordinators templated individual care requirements and developed care schedules. Regular care staff were matched and assigned to care for people on a permanent basis. Replacement care staff familiar with the person covered planned absences such as annual leave. This helped ensure continuity of care and consistency and eliminate/reduce missed calls and prevent them from reoccurring.

The service developed individual care plans which were based on need identified by a thorough assessment. The care plans guided staff on how people wished to be supported and recorded the tasks they were required to perform to support the person. The management team and field supervisors undertook frequent spot checks to people's homes to ensure care arrangements were followed by staff. These plans were reviewed and updated regularly and included people's views where possible.

Staff respected people's privacy and dignity and had a caring attitude towards people they cared for. Dignity and respect were introduced into staff training programmes for all care staff.

Care workers were skilled and dedicated and demonstrated a good understanding of how to support people in their own homes and promote their independence. The provider had their own five day induction training programme that was designed to

Summary of findings

ensure any new staff members had the skills they needed to do their jobs effectively and competently. All staff employees were trained to the appropriate level for the services they delivered.

Staff received regular supervision which included monitoring of their performance. The field supervisors completed spot checks on staff whilst they were completing tasks, and checked that the care delivery mirrored the care plan. The care delivered was clearly documented in the comment sheets by the care staff.

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?

Good

The service was safe. People we spoke with, and their relatives, told us they felt safe with the care workers. The service introduced new processes that established continuity of care. People had regular care staff assigned to provide their service which reduced the likelihood of people experiencing missed calls or experiencing neglect. Robust recruitment processes made sure only suitable staff were employed.

People who use the service were protected from the risk of abuse because staff were trained and competent at protecting people.

Is the service effective?

Good

The service was effective. Staff received appropriate training and support to help them understand and deliver the care people required. Care coordinators and field supervisors received specific training that supported them in planning and coordinating an effective and smooth running service.

Stability in the office staff together with support and development had resulted in positive changes in the service. This had a positive impact on the consistency and continuity of care people experienced.

Is the service caring?

Good

The service was caring. People found the care workers were kind and considerate and "willing to go the extra mile." Relatives told us they were developing more confidence in the service as they knew staff were dedicated and committed.

People felt they were listened to more when making comments to care workers and office staff.

Is the service responsive?

Good

The service was responsive. People's needs were assessed before the service began; this information helped the agency develop suitable care plans. Care arrangements were flexibly tailored according to individual needs and to respond to any changes that arose.

People had their comments and complaints listened to and they received feedback from the provider on what had been done to resolve any issues.

Is the service well-led?

Good

The service was well-led. People using the service and staff spoke positively about the improvements in the service. They contributed this to the manager and the area manager who helped drive these improvements.

Senior staff within the provider organisation supported individuals on a regular basis to drive improvement. Office based staff were more aware of the needs of people and had a personal knowledge of the preference of individuals. People who used the service, their relatives and staff told us they enjoyed seeing this change in approach to care.

The provider used a number of processes to gather information on how to improve the quality of the service. Senior staff carried out regular quality checks of the service by completing home visits.

MiHomecare - Thornton Heath

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.

We visited the agency on 26 and 27 February 2015. The inspection team consisted of three inspectors.

Before the inspection we looked at all the information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us legally. We received information from two local authorities who commissioned services from the agency.

During and following the inspection we spoke with 30 people using the service, three relatives, 25 care staff, four care coordinators and two field supervisors, and the person responsible for delivering training to staff. We met with the branch manager, the locality manager. We also looked at the records maintained for 20 of the people using the service these were paper and electronic records, the scheduling plans for providing a service in February, and the timesheets for staff. We observed a training session in which group of prospective care workers participated.

Good

Is the service safe?

Our findings

People told us they felt safe with the staff who supported them. One person said, "I've had problems in the past with staff being unreliable, but this has changed now, I have regular care staff coming in daily." Another person said, "I know I am safe in my home, the staff ensure my doors and windows are safely shut before they leave."

The agency responded promptly to referrals received and visited people in their own homes to complete assessments. Risks to people and staff providing the support were assessed and were recorded in people's care records. The manager shared some difficulties experienced on occasions in accessing the necessary equipment, such as hoists. They told us they provided bed care to people until suitable equipment was in place and this was normally done without any unnecessary delays. Each area of support had an associated risk assessment, for example if more than one person was required to help the person. The records showed when more than one carer was needed for each visit; a large number of people required two staff members to carry out tasks safely. Risk assessments were carried out and kept under review so the people who used the agency were safeguarded from unnecessary hazards. We saw the agency's staff members were working closely with people to keep them safe. This ensured that people were able to live a fulfilling lifestyle without unnecessary restrictions.

The arrangements for providing medicines were agreed between people who used the service and a pharmacy of their choice, and that the care provider did not have responsibilities in this area. In some cases as part of the care arrangements planning the care worker prompted the person to take their medicine, and this was recorded. Medicines were handled appropriately. The manager told us that all of the people who received support with their medicines had a risk assessment carried out, and records we saw confirmed this. Care staff assigned to support people take their medicines were suitably trained and were competent in completing the relevant medicine administration sheets. Field supervisors who completed the medicine risk assessments and medicine profiles had been suitably trained and felt competent to complete these. Care workers told us this area had improved and new medicine profiles were generally completed on time. Audits and spot checks identified any issues with medicine administration. Completed medicine records together with daily records were seen, these were audited in the person's home at regular intervals. Omission of signatures was addressed through supervision. People who spoke with us had no issues about medicine procedures. A care coordinator told of difficulties on occasions when they have not been notified the person needed assistance with medicines as part of the care plan. We saw examples of how they addressed this through risk assessments and making appropriate provision in the care plan. We saw evidence of the care coordinator sharing these issues with the social worker, also with the pharmacist in relation to implementing dosset boxes.

The service provided an out of hours service, a member of the office team covered evening and weekend out of hour's calls. This helped continuity as staff on call were familiar with people receiving the service. Care workers found this out of hours support beneficial as they were often working on their own and needed to be able to speak with another person if there was an emergency. It also enabled them explore any issues over the out of hours periods such if a person was unwell, or went to hospital.

The agency had sufficient numbers of staff on duty to meet people's needs. Staff schedules were well planned and care workers were assigned work with the same people as much as was possible. Where permanent staff were not available the manager had a list of staff who had worked with that person before. This gave more continuity and consistency of care as people were supported by staff familiar to them. One care worker spoken with had been supporting a younger adult and the family for over nine years. A person we spoke with told us, "My carers are wonderful; I have not had much change in staff for two years." The agency had a programme of on-going recruitment. The manager acknowledged they experienced difficulties in specific areas where it was more difficult to recruit staff. One person told us, "I have the same staff supporting me now and it has made me so much happier, as I feel safer knowing each week the staff who will be coming to support me."

We looked at the recruitment records for new members of staff. There were suitable checks carried out prior to staff commencing to work with people. References were available from two previous employers for each member of staff. The manager told us they made application to the Disclosure and Barring Services (DBS). This check was done to ensure staff were suitable to work with adults at risk. We

Good

Is the service safe?

saw evidence of suitable clearances in the staff records. The agency followed protocols. The manager made referrals to regulating bodies for staff who were unsuitable to work with caring for people.

We observed staff training in progress during our inspection visits on both days, on day one new staff were completing induction training, and in this they received safeguarding training. Care staff demonstrated their knowledge on keeping people safe and free from harm, they knew what to look out for when they visited people in their own homes and who to report concerns to. All staff told us about the different types of abuse they were aware of. One care worker told of recognising if a person was at risk during the cold weather and what action they took. We looked at care records and saw that the person's relatives were informed of problems with heating supplies and these were addressed. Staff knew who to report concerns to within and outside the organisation.

The manager was aware of local authority safeguarding policies and procedures and made referrals to the local safeguarding team. There were appropriate procedures in place to ensure the staff were aware of their responsibilities regarding keeping people safe. For example, spot checks were done by field supervisors, staff meetings and supervision sessions included these discussions in the meetings.

Good

Is the service effective?

Our findings

People told of receiving the care and support they needed from the service. One person told us; "The carers are wonderful, they are so patient." One relative told us; "The staff are good, so caring."

On person said, “I have good care staff but would I like more time and for staff to spend longer with me, their times are restricted because the social worker sets out the time requested.” Care staff told us that sometimes it was difficult to visit people for fifteen minutes. However, the manager confirmed this type of call was provided in one local authority only, the majority of the local authorities requested a minimum of half an hour visits. The agency had worked hard to overcome issues such as delays care workers experienced in getting from one person’s home to another, especially where two carers were required. The manager and staff developed appropriate care schedules specifically to respond effectively with situations where two carers were required to work together. The schedule has enabled care staff to travel together and more efficiently, with one care worker doing the driving, this has reduced the likelihood of people arriving late to the person’s home.

Care workers were skilled and dedicated and demonstrated a good understanding of how to support people in their own homes and promote their independence. The provider had their own five day induction training programme that was designed to ensure any new staff members had the skills they needed to do their jobs effectively and competently. We saw this induction training in progress for eight new staff. We spoke with the agency trainer who provided training for other branches also. She explained the content of the induction training, which covered all mandatory areas and included promoting dignity and respect, and that following the initial induction the new staff member shadowed senior experienced staff and were not be allowed to work unsupervised. (Shadowing is where a new staff member worked alongside either a senior or experienced staff member until they were confident enough to work on their own). A care worker who started two months earlier told us the induction process and subsequent training was excellent and they felt ready to undertake their roles with confidence.

There was a comprehensive training programme available for staff which including training on the consent and the Mental Capacity Act 2005. The Mental Capacity Act 2005 (MCA) sets out what must be done to ensure the human rights of people who lack capacity to make decisions are protected. The manager and staff had been trained in the general requirements of the MCA and the Deprivation of Liberty Safeguards (DoLS) and knew how it applied to people in their care settings. Care staff who spoke with us were clear in discussions about what actions were necessary to promote the human rights of people.

One member of staff said, “I’ve done a variety of training from medication and moving and handling to dementia and capacity issues, and there are always refreshers.” Another staff member told us, “I had completed a national vocational qualification before I joined; the agency provides a good range of training is second to none, and that’s what attracted me to the job, I like to consider the autonomy of each person I support.” Care staff were enthusiastic about their training and confirmed that they received regular training throughout the year; they also said that their training was up to date. Office staff such as care coordinators and field supervisors also received the training they needed for their roles. There was evidence they had reflected this in practice. A person who contacted the office frequently told us the attitude and approach of staff had improved, they found that communication had improved and the information was passed on.

The manager had introduced effective systems to support and manage the performance of office staff. Care workers told us they had developed more confidence in the coordinating team as their competencies had improved. We examined the staff training records and saw that they had undertaken a range of training relevant to their role, all staff were trained on capacity and consent issues. The training needs provided for included safeguarding and moving and handling, dementia. The provider used computer ‘"e-" learning for some of the training and staff were expected to undertake this when required. The manager explained that the training records were constantly monitored in order to ensure they were kept up to date. The agency had developed a good monitoring tool to have an overview of training; this indicated clearly if there were any gaps in training refreshers. This made sure staff received the necessary knowledge and skills to support people.

The manager and management team assessed staff competencies through supervision and by auditing of care

Good

Is the service effective?

logs and records, including medication and care plans. Staff told us that they received on-going support, supervision and appraisal. All staff completed quarterly supervision meetings with their line manager and formally recorded. More frequent supervisions were done when necessary if it has been identified that the care worker required additional support. We checked records which confirmed that supervision sessions for each member of staff had been held at least three times since the last inspection. (Supervision is a regular meeting between an employee and their line manager to discuss any issues that may affect the staff member; this may include a discussion of the training undertaken, whether it had been effective and if the staff member had any on-going training needs). Care staff told us they came to the office frequently and had discussions with care coordinators or the manager, we saw a number of them arrive and receive one to one supervision during the inspection. Care staff said they did not have frequent team meetings but understood the problems arranging these; they were a dispersed workforce working in four large London borough. The new manager told of plans to arrange these in specific areas once suitable venues were sourced.

Food hygiene training was provided to care staff which enabled them follow good hygiene protocols. People were supported to be independent with their cooking and meal selection and care staff helped them purchase ingredients as part of a care package agreed. Staff monitored, where necessary, the type and quantity of foods people were eating. Care staff were aware of people at risk from not eating and drinking sufficiently and told of making them light snacks and encouraging them drink supplements and of contacting relatives and health professionals when they were concerned. We saw these actions were noted on care logs and we staff returned to check on individual's well-being later in the day when they were concerned. Staff told us of their actions to help address particular choices, for example, one carer told us they collected a hot meal at the fish shop for someone who preferred this meal twice a week.

Good

Is the service caring?

Our findings

People liked the staff who came to provide their care and support and told of being always treated respectfully. One person told us, "I am lucky to have such caring staff I get on so well with."

People told us staff were respectful and acted like guests in their homes. One person said, "Staff do not take things for granted, my care workers ask me before they use anything or do anything for me." A care worker told us, "We were trained to respect individual's homes, we work there we do so at the person's request." A person told us care staff treated them with respect and called them by their preferred name. They knocked on the door or rang the bell to gain entry to the person's home, when using a key safe they did not enter without knocking first. The manager told us this was standard practice and was highlighted to staff during their induction, also reminded at supervisions. Questions asked by field supervisors included topics on respecting people's homes.

People's privacy and dignity were respected by staff who showed a caring attitude towards people. Each person had allocated care worker/s, this ensured staff knew the person they supported and could meet their care needs. People's views were acted on and listened to. Care staff told us they spent several hours with people they supported and spoke of getting to know about people's interests and choices. They used this time to discuss with them any changes they may like to make, and were able to pass on changes and concerns to the manager when required. This enabled office staff make amendments to people's care plans.

People using the service had frequent spot checks in person or by telephone to check on the service and to find out if staff attitude was appropriate, and if they were providing a reliable and caring service. There was also annual review during which there was a review of the support being provided. We looked at records where a person had raised issues, we saw they had been visited by office staff, the person had fully participated in a meeting with the field supervisor and care worker was changed because the person was unhappy with their work. We saw that at a later date the person was contacted again to check if issues were resolved.

The care staff showed that they had a good understanding of the people they were supporting and they were able to meet their various needs. They were clear on the aims of the service and their roles in helping people maintain their independence and ability to make their own choices in their lives. A number of care staff received training on caring for people as they approached the end of life. One care worker told us this had helped them enhance their work, they felt more competent at supporting people with a chronic illness.

Good

Is the service responsive?

Our findings

People found the service was responsive to their needs. When a referral was made the agency responded promptly and made a home visit to the person requiring a service. The agency made sure a person's needs were fully assessed to enable them develop suitable care plans and care arrangements, relatives or representatives were involved where agreed. The assessor following an assessment agreed with the person the services required and together they developed a care plan. In some local authorities it was agreed with the agency they use the care plan developed by the social worker and report back if additional needs came to light. We saw from assessment records the agency also considered in their assessment how the person communicated with people, their physical and mental health condition and their likes, dislikes and preferences. After developing an agreement with the person the service assigned regular suitably skilled staff who they introduced to the person, when time allowed it. A copy of the care plan and risk assessment was placed in the person's home, the office also held the care plan in electronic format. Care workers told us they referred to the care plans when delivering care, they were also informed of changes to care arrangements via e mail or by their work schedules. We observed during our inspection that office based staff phoned the care worker to inform them of last minute changes

Care needs and risk assessments were routinely reviewed and care arrangements were tailored accordingly in response to any changes. Information received at the office was used to make the necessary changes such as hospital visits and change of preferred times for home visits or for other changes to the care plan. In recent months people told of improvements in this area, in that this information was taken on board and arrangements were tailored to respond to requests. People's care was reviewed and changes made to arrangements when necessary in response to changing needs, for example in negotiating higher levels of support when necessary, or in changing the time of visits to accommodate support in religious activities. Two people told us that staff responded to requests for additional help, such as making phone calls to family of GPs if needed, which they said was very helpful.

The agency maintained paper and electronic records, and we looked at both. All daily communication with office based was recorded electronically, for example, if a care worker phoned to say a person was unwell this data was inserted, also any contact from relatives or representatives. We observed the care coordinator telephoned the GP requesting a visit to the person's home. We heard the coordinator direct the care worker to go back and check on the person later, and to ensure all the information was recorded in the person's care log. We looked at a selection of daily logs taken to the office for archiving. We noted details recorded by some care workers were very thorough and gave a good indication of the person's wellbeing.

People who use the service and their representatives were asked for their views about their care and found these were considered and acted upon. People confirmed they had been visited by field supervisors and some had visits from the manager as a result of their issues raised, these were resolve to a satisfactory conclusion. People and staff told us the manager and provider responded to people's needs when requested. People told us they knew how to raise any concerns they had, and the majority of people commented on improvements in this area. One person said, "I talk to my care worker and if I am not happy with the response I would then go to the manager to deal with issues." The service maintained a record of any complaints they received. We saw improvements in these processes; the agency branch had taken control over all complaints. These were addressed within the timescales given in the policy. We saw that complaints were recorded and appropriate action was taken in response to complaints raised. The people we spoke with during the inspection told us they did not have any concerns but if they did they would raise them. Minor issues were dealt with as they occurred.

Good

Is the service well-led?

Our findings

People told us changes in management approach had contributed to improvements. One person said, "The service is well run and staff know what they were doing, but there is still room for improvement." Staff members we spoke with were positive about improvements in management and in how the agency was being managed and the service being provided. One care worker said, "I am proud to work for this organisation now and wear the uniform with pride. I was not in 2014, but we have moved upwards and onwards thanks to the managers who brought this change." The staff we spoke with both described the manager and the compliance manager involved as approachable and supportive. A staff member said "Thanks to the compliance manager for introducing change and helping us achieve the improvements, it was their training and support that inspired this."

People and staff told us about a more open culture developing within the organisation. People told us they could talk to all staff in the agency, including the managers. Staff members said they would report any issues they were concerned about and they told us that they understood their responsibilities. They all said they felt confident they could raise any issues, including "whistleblowing" and discuss issues openly within the staff team and with the manager. Each Monday morning the office team met to discuss weekend reports, these indicated any issues raised through the out of hours. If issues identified staff performance was an issue these were addressed through one to one supervision, training and via a disciplinary processes. Care workers told us of increasing confidence in the service, one staff member said, "Things are more organised, we get out timesheets on time, if there are additional calls added we check with office staff, we know the importance of attending to a person in their own home who may not see anyone else that day." Office based staff told of new methods introduced to ensure weekend calls were always covered and last minute changes such as staff absence or hospital discharges were covered fully. There were signs that these processes helped drive positive changes in the service experienced.

There were quality assurance processes in place. These included conducting surveys regarding the experiences of people who used the service and their relatives about their views on the service provided, spot checks and audits. The most recent of these was conducted in the first quarter of 2014 and a summary of the findings was produced. In recent months there was evidence of learning from events such as unassigned calls and ensuring regular care staff were assigned. One care worker told us staff in the office were now listening to what people told them about requests for changes.

The branch had been restructured with a regular branch manager appointed supported by a compliance manager. Staff told us the changes made in the organisation had introduced processes and practice that made them feel valued. Senior staff within the organisation supported individuals on a regular basis. The manager had systems in place to monitor when staff had supervisions and when they were planned to have their next ones. Staff told us they benefited from these supervisions as the manager used these to inform and update staff about professional boundaries, practice. Staff training needs were discussed within supervisions, as well as competencies and performance. The manager showed us the tracking documentation for all staff training and supervisions, and felt reassured that the staff team were suitably skilled and supported.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people using the service and others. Various quality checks were in place to ensure that people were safe and appropriate care was being provided, such as spot checks on staff working with people in their homes. Assessments of the environment in people's homes included equipment used, and a range of risks associated with each individual person receiving a service. There was regular contact between the office staff and people by phone to check that they were receiving the agreed service in a timely and courteous manner. All of the people we spoke with told us that they felt their support was being provided safely and that the manager and office staff were actively checking with them and responding quickly to any changes in care needs.

There were systems in place to monitor that staff had supervision and on-going plans for these annually, changes were made and individual supervisions had introduced and held regularly. Care staff were present on day two having their supervisions, records we saw matched the frequency staff told of receiving. Staff told us of the many positives of these supervisions as the manager and care

Good

Is the service well-led?

coordinators used these to inform records and update them about the people they provided support to. Staff training needs were discussed within supervisions and the manager showed us a tracking document of all staff training, this was colour coded to prioritise training requirements. This showed that staff had attended training and of plans to attend further training events. This also highlighted when staff needed to attend essential update training such as protection of vulnerable adults, first aid, food hygiene and health and safety. A care worker told us they were reminded when training was due and knew it was a requirement of their job to keep training up to date.