

Mi Casa Care Ltd

Mi Casa Care Ltd (Responsive Care Group)

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 well-led?

Good ●

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

At the time of the inspection, the location did not care or support for anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

About the service

Mi Casa Care Ltd is a domiciliary care agency providing personal care to people in their own homes. At the time of the inspection, the agency was supporting 32 people.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

Right Support:

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. People were supported to achieve goals and wishes by staff that were knowledgeable and whom had built relationships with them. This ensured staff could focus on people's strengths and encouraged them to remain as independent as possible.

Right Care:

Risk assessments and care plans were person centred and provided staff with clear guidance on how people wished to be supported. Care plans contained processes with clear instruction for staff to know when and how to seek additional medical help.

Staff had training on how to recognise and report abuse and they knew how to apply it, this ensured people were protected from harm and abuse. Staff understood people's cultural needs and provided culturally appropriate care. People we spoke with told us they felt safe and respected by the staff who cared for them.

Right Culture:

The registered manager had a clear vision for the service and was open and transparent. Staff told us they were supported and able to raise concerns freely to management team. There were effective systems and

processes in place which ensured the care delivered was monitored, assessed and improved upon. The provider worked in partnership with other professionals and had been successful in reducing hospital admissions by upskilling and sharing best practices with other organisations.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 26 February 2020) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out an announced comprehensive inspection of this service on 31 December 2019. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve the regulations; safe care and treatment, fit and proper persons employed and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions; Safe, Effective and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Mi Casa Care Ltd on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

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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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by one inspector and an Expert by Experience who made phone calls to people and their relatives who used the service. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 11 October 2022 and ended on 12 October 2022. We visited the location's office on 11 October 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with four people and/or their relatives who used the service. We also spoke with the registered manager, care coordinator and care support workers. We reviewed a range of records. This included six people's care records and three medicine records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed. We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

At our last inspection the provider failed to follow their recruitment processes safely to ensure they employed fit and proper persons. This was a breach of regulation 19 (Fit and proper person employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- Staff were recruited safely and there was enough competent staff to support existing care packages for people.
- Recruitment checks were in place including, checking right to work details, employment history, references, notes from interviews and Disclosure and Barring Service (DBS). This included a police check in the country of origin for overseas workers. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- People and relatives told us they were consistently supported by the same small staff team, and where new staff were recruited, they were always introduced to them prior to delivering care.
- Staff told us they received adequate travel time in between calls. This ensured people's visits were not affected or their call length reduced to accommodate the travel time of staff to people's homes.

Assessing risk, safety monitoring and management

At our last inspection, the provider failed to ensure risks to people's health, safety and welfare were fully managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- People had person centred care plans in place which were regularly reviewed and contained comprehensive risk assessments which ensured people remained safe.
- People were supported and motivated to remain independent. For example, risk assessments had been completed for people who wished to improve their mobility. Care plans contained guidance on use of manual handling equipment needed for staff to support people's desired outcome safely.

- Staff told us they were kept up to date with people's changing needs via meetings, telephone calls and an electronic care planning system. For example, one support plan identified a person was using a catheter, there was clear guidance for staff on how to empty and replace the catheter and the frequency this needed to be done. Staff were also guided in how to notice failure with the equipment and how to seek support if this happened.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of harm, abuse and neglect. People told us they felt safe and had no concerns. One person said, "Staff are the only reason I feel safe, I wouldn't know what to do without them."
- Staff had received training in safeguarding. This meant they were knowledgeable about abuse and knew when and how to report this appropriately. One staff member said, "I can talk to the manager freely about my concerns and they are always taken seriously."
- The provider had policies in place to protect people from the risk of harm and staff worked well with other agencies to ensure risks were reduced.

Using medicines safely

- Where people were supported with medicines this was done so safely.
- Staff received training in how to deliver medicines and regular competency check were completed to ensure this was done safely and in line with people's wishes.
- For medicines which were administered 'as needed', further details were added to care plans. This ensured staff had clear instructions to ensure the safe and appropriate administration of these medicines.

Preventing and controlling infection

- Staff had sufficient stock of personal protective equipment (PPE) available which included hand sanitiser, masks, gloves and aprons. This ensured the risk of infection was reduced when care was provided.
- The provider's infection prevention and control policy was up to date and we saw evidence of updates being communicated through team meetings and competency checks.

Learning lessons when things go wrong

- At the time of inspection, no incidents or accidents had occurred. The provider had policy and processes in place should this occur, and staff were knowledgeable about how to respond to this type of situation.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant 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

- People's needs were assessed before any care was agreed and delivered. This ensured there were sufficiently trained staff to provide the care and support required.
- A person using the service said, "Me and my [relative] have access to my care plan, they review it all the time but if I need any changes I just have to phone and they are very quick to do it."
- We reviewed six care plans and saw evidence of the promotion of protective characteristics under the Equality Act 2010. For example, people's needs in relation to their age, gender, religion and disability were identified. This reduced the risk of people experiencing discrimination.

Staff support: induction, training, skills and experience

- Staff had the right competence, knowledge, qualifications, skills and experience to carry out their roles and staff received regular supervisions and annual appraisals.
- Staff received an induction which included shadowing another staff member to learn about people's care needs and safe care delivery. They then supported an experienced staff member on calls which required two staff or completed further shadowing and introductions before visiting people on their own.
- One person using the service said, "Staff are very good, they know me well and I trust them. I look forward to their visits each day."

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

- Where people received support from staff with meal preparation, care records recorded information about this, including instructions for staff about tasks required during each visit. Care plans contained detailed information on people's needs and preferences and were regularly reviewed.

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

- People received effective timely care and were referred to other health care professionals by staff when needed.
- There were health assessments such as oral health assessments in place and monitoring charts. These included guidance for staff on when to seek advice or offer additional support.
- Diabetic care plans detailed symptoms of the condition that staff needed to be aware of such as hypoglycaemia (low blood sugar) and hyperglycaemia (high blood sugar). We saw evidence of referrals to district nurses where staff had concerns and follow up recommendations were recorded.
- People told us that staff attended at regular times and always stayed their allotted time. One person said,

"They are very good. If they are ever going to be late, they call me so I don't worry but it doesn't happen very often, and they [staff] always have time for a chat."

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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

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

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

- At the time of our inspection, the service did not support anyone who was deprived of their liberty.
- Staff had a good knowledge of the principles and requirements of the MCA and supported people accordingly.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection the provider failed to provide good governance and effective communication systems to promote the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Governance processes were effective and helped to keep people safe, protect people's rights and provide good quality care and support.
- The management team completed audits which were effective in identifying areas of improvement. For example, the provider now worked with external organisations to ensure recruitment was effective, lasting and in line with legislation for recruitment of overseas workers.
- Reviews and audits were completed on a monthly basis that highlighted people's changing needs. This ensured people received consistent, safe and effective care.
- A staff member told us, "Management are really supportive, if we require any more training or support they will put us forward to help us achieve the best care and standards for people."

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

- The provider promoted a positive person-centred culture where feedback and suggestions were encouraged from staff, people and relatives.
- One person who used the service said, "I have the manager's contact details and know I can call her anytime, she is very approachable." Another person said, "I would recommend them 100%."
- Staff told us they felt motivated and empowered to support people through the ongoing training and support they received from the provider. One staff member said, "People are promoted internally so you get the chance to make a real difference to people's lives as you get to know them and their needs."

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; Continuous learning and improving care

- The registered manager was aware of their responsibility to keep people informed of actions taken

following incidents in line with the duty of candour.

- People told us they were confident in the registered manager's ability to rectify issues if they arose. People said the registered manager was open and approachable and the management team contacted them frequently to obtain feedback.
- The provider had a clear vision for the direction of the service which demonstrated ambition and desire for people to achieve the best outcomes possible. For example, staff were trained and had access to specialised equipment to help people who had fallen. This reduced the providers reliance on emergency services and had resulted in fewer hospital admissions.

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

- People from diverse backgrounds, with specialised and complex care needs, were encouraged and supported to live their life to the full. This ensured people received person-centred care and achieved their personal goals.
- People, relatives, staff and healthcare professionals were encouraged to give their views about the service. This was in the form of informal conversations, quality review telephone calls and surveys. We saw evidence of comments and reviews that showed a high level of satisfaction.
- Care plans detailed people's communication needs and guided staff on how best to support individuals in a personalised way. This meant they could be involved in their care planning and give feedback on the care they received. People's feedback was obtained face to face or over the telephone depending on their requirements.

Working in partnership with others

- The provider and the staff worked well in partnership with health and social care professionals to give people using the service a voice and improve their wellbeing. Recommendations were acted upon quickly and communicated to staff to ensure to high standard of care was delivered
- The registered manager was a moderator and facilitator for an online forum for other registered managers and local providers. This encouraged sharing of ideas and best practices within the community.