

MiHomecare Limited

# MiHomecare - Brent

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

We undertook an announced inspection of MiHomecare-Brent on 29 February 2016. MiHomecare - Brent is a domiciliary care agency registered to provide personal care to people in their own homes. The service provides support to people of all ages and different abilities. The service provides a range of domiciliary care services which include domestic support, administration of medicines, food preparation and live in care. At the time of inspection the service provided care to approximately 60 people.

There was a registered manager in post. 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.

The service was registered by the Care Quality Commission on 19 May 2014 and the inspection carried out on 29 February 2016 was the first inspection for the service since its registration.

People who used the service and relatives informed us that they were satisfied with the care and services provided. People told us they were treated with respect and felt safe when cared for by the service. They spoke positively about care workers and management at the service.

Individual risk assessments were completed for each person. However, the assessments contained limited information and some areas of potential risks to people had not been identified and included in the risk assessments. This could result in people receiving unsafe care and we found a breach of regulations in respect of this.

There were safeguarding and whistleblowing policies in place and records showed staff had received training in how to safeguard adults. Care workers demonstrated an awareness of the different types of abuse and actions to take in response to a suspected abuse.

People told us their care workers turned up on time and they received the same care worker on a regular basis and had consistency in the level of care they received.

People were cared for by staff that were supported to have the necessary knowledge and skills they needed to carry out their roles and responsibilities. Staff spoke positively about their experiences working for the service and said that they received support from the registered manager.

Staff had a good understanding and were aware of the importance of treating people with respect and dignity. They also understood what privacy and dignity meant in relation to supporting people with personal care. Feedback from people indicated that positive relationships had developed between people using the service and their care worker and people were treated with dignity and respect.

People received care that was responsive to their needs. People's daily routines were reflected in their care plans and the service encouraged and prompted people's independence. However we found that there was limited information about people's preferences in care plans and raised this with the registered manager. She confirmed that they would update care plans so that they included more detail about people's likes and dislikes and life history.

The service had a complaints procedure and there was a record of complaints received. Complaints we examined had all been responded to and staff knew what action to take if they received a complaint.

People using the service spoke positively about the service and told us they thought it was well managed. There was a clear management structure in place with a team of care workers, office staff, field supervisors, quality and performance manager and registered manager.

Systems were in place to monitor and improve the quality of the service. We found the service had obtained feedback about the quality of the service people received through review meetings and telephone monitoring. Records showed positive feedback had been provided about the service.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

One aspect of the service was not safe. Risk assessments did not clearly reflect all the potential risks to people meaning that risks may not be appropriately managed and could result in people receiving unsafe care.

Relatives we spoke with told us that they were confident that people were safe around care workers and raised no concerns in respect of this.

There were processes in place to help ensure people were protected from the risk of abuse.

Appropriate employment checks were carried out before staff started working at the service.

**Requires Improvement** ●

### Is the service effective?

**Good** ●

This service was effective. Staff had completed relevant training to enable them to care for people effectively.

Staff were supervised and felt well supported by their peers and the registered manager.

Staff were aware that when a person lacked the capacity to make a specific decision, people's families and health and social care professionals would be involved in making a decision in the person's best interests.

People's health care needs and medical history were detailed in their care plans.

### Is the service caring?

**Good** ●

This service was caring. Relatives told us that they were satisfied with the care and support provided by the service.

Staff were able to give us examples of how they ensured that they were respectful of people's privacy and maintained their dignity. Staff told us they gave people privacy whilst they undertook aspects of personal care.

Staff were able to form positive relationships with people.

### **Is the service responsive?**

**Good** ●

Care plans included information about people's individual needs and choices.

The service carried out regular reviews of care to enable people to express their views and make suggestions.

The service had a complaints policy in place and there were clear procedures for receiving, handling and responding to comments and complaints.

### **Is the service well-led?**

**Good** ●

The service was well led. Relatives spoke positively about the management of the service.

The service had a clear management structure in place with a team of care staff, office staff, field care supervisors and the registered manager.

Staff were supported by management and told us they felt able to have open and transparent discussions with them.

The quality of the service was monitored. Regular checks were carried out and there were systems in place to make necessary improvements.

# MiHomecare - Brent

## **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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, and to provide a rating for the service under the Care Act 2014.

Two inspectors carried out the announced inspection on 29 February 2016. We told the provider two days before our visit that we would be coming. We gave the provider notice of our inspection as we needed to make sure that someone was at the office in order for us to carry out the inspection.

Before we visited the service we checked the information that we held about the service and the service provider including notifications we had received from the provider about events and incidents affecting the safety and well-being of people. The provider also completed a Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The PIR also provides data about the organisation and service.

During our inspection we went to the provider's office. We reviewed eight people's care plans, eight staff files, training records and records relating to the management of the service such as audits, policies and procedures. We spoke with six people who used the service and eight relatives of people who used the service. We also spoke with fifteen members of staff including eleven care workers, two office staff, the quality and performance manager and the registered manager. We spoke with one care professional who had contact with the service.

# Is the service safe?

## Our findings

People who used the service told us that they felt safe around care workers. One person said, "I am more than safe. I feel alive with them." Another person told us, "I am very safe with care staff." Relatives of people who used the service said they were confident that people were safe around care workers and raised no concerns about the safety of people. One relative said, "I feel [my relative] is safe. I don't have to worry." Another relative told us, "Yes I am sure [my relative] is safe around care staff."

Some risks to people were identified and managed so that people were safe and their freedom supported and protected. Individual risk assessments were completed for each person using the service for example in relation to falls and the environment. Although there were some risk assessments in place, we noted that some of the assessments contained limited information. For example, there was a moving and handling risk assessment for people. However we found that these contained limited information about the safe practice and risks associated with using mobility equipment and appropriate moving and handling techniques required by staff. We saw in one person's care plan it stated that one person required transfer using a hoist sling. This person's care plan stated, "Carers to transfer [Person] following policies and procedures using correct moving and handling techniques." There was no further information regarding the risks associated with transferring using a hoist sling as well as no further instructions to staff detailing how to assist this person with their mobility.

We also noted that some areas of potential risks to people had not been identified and included in the risk assessments. For example, three people's care plans indicated that they were diabetic. However there was no risk assessment in place to identify potential hazards and risks associated with this and no guidance for staff. We also found that one person's care plan stated that the person had a history of strokes; however there was no risk assessment in place to address this. Some people required support with their personal care to maintain their personal hygiene to avoid personal neglect. We found that there were risk assessments in place for this but these detailed the support that was required but did not include information on any potential risks for people when receiving personal care in the bathroom or when using the commode.

We spoke with the registered manager and the quality and performance manager about the risk assessments. They confirmed that the service was currently in the process of changing the format of their risk assessments. They advised us that they would review the risk assessments and ensure they contained more information to clearly state what the risks were and what measures they had put in place to ensure risks were minimised for people using the service.

Although support that was required from care workers was detailed in people's care support plans, the risk assessments did not clearly reflect the potential risks to people which could mean risks not being appropriately managed which could result in people receiving unsafe care.

The above evidence demonstrates that the assessment of risks to the health and safety of people using the service was not being carried out appropriately. All the risks were not being identified for people and their

specific needs which meant risks were not being managed effectively and this could put people at risk of harm.

This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Safeguarding policies and procedures were in place to help protect people and help minimise the risks of abuse to people. We noted that the policy referred to the local authority, police and the CQC. Information about safeguarding procedures within the service was clearly detailed in the service user guide which was provided to all people who used the service. Staff had received training in safeguarding people and training records confirmed this. Staff were able to describe the process for identifying and reporting concerns and were able to give example of types of abuse that may occur. They told us that if they saw something of concern they would report it to the registered manager. Staff were also aware that they could report their concerns to the local safeguarding authority, police and the CQC.

The service had a whistleblowing policy and contact numbers to report issues were available. We saw that these were clearly displayed in the office. The registered manager explained that safeguarding and whistleblowing were always discussed at staff meetings to ensure staff were aware of the procedures. All staff we spoke with, with the exception of two, were familiar with the whistleblowing procedure and were confident about raising concerns about any poor practices witnessed.

There were sufficient numbers of suitable staff to keep people safe and meet their needs. The registered manager told us that they were currently recruiting care staff and had introduced various recruitment incentives. People using the service told us they received care from the same care workers on a regular basis and had consistency in the level of care they received. One relative told us, "We usually have the same carer. [My relative] is familiar with [care staff] and comfortable with them. He is more or less permanent." People using the service and relatives also told us that care workers turned up on time and there were no issues with timekeeping.

We asked the registered manager how she monitored care worker's timekeeping and whether they turned up in time or were late. The registered manager told us the service used an electronic homecare monitoring system which would flag up if staff had not logged a call to indicate they had arrived at the person's home or that they were running late. If this was the case, the registered manager told us they would ring the care worker to ascertain why a call had not been logged and take necessary action there and then if needed. The registered manager reviewed the call logs to help identify areas in which they can improve any timekeeping issues. The registered manager also explained that when she arranged the staff rota, she ensured that care workers worked within certain postcodes to limit the amount of travel they had to carry out which minimised the chances of delays. She also explained that she created a "double-up chain". This ensured that where two care workers were required for people's care, they would work together so that they could travel together and this minimised the chances of them being late.

We looked at the recruitment process to see if the required checks had been carried out before staff started working with people who used the service. We looked at the recruitment records for eight members of staff and found background checks for safer recruitment including, enhanced criminal record checks had been undertaken and proof of their identity and right to work in the United Kingdom had also been obtained. Two written references had been obtained for staff with the exception of one member of staff. We found that for this member of staff there was only reference and spoke with the registered manager about this. She explained and provided evidence to confirm that the service had made four attempts to obtain a second reference for this person but had not been successful in obtaining this. The registered manager explained



that she would attempt to obtain another reference for this member of staff.

There were suitable arrangements for the administration and recording of medicines. Where agreed, people told us that they had received their medicines from staff. Records indicated that staff had received training on the administration of medicines and knew the importance of ensuring that administration records were signed and medicines were administered. We looked at a sample of seven medicine administration records (MARs) and saw that there were no gaps in five of the MARs. However we found that in one person's MAR there were two gaps and in another person's MAR there were three gaps in the records on different dates. There was no explanation recorded as to the reason for the gaps and it was therefore not evident from the MAR whether these medicines had been administered. We raised this with the registered manager and she acknowledged the gaps. She explained to us that the service had previously identified gaps in MARs and as a result introduced a revised MAR chart and we saw evidence of this. We also saw evidence that the service had a system for auditing medicines and had introduced a new medicines audit form.

There was a comprehensive policy and procedure for the administration of medicines. Training records indicated that staff had received training on the administration of medicines.

The service had an infection control policy which included guidance on the management of infectious diseases. Staff were aware of infection control measures and said they had access to gloves, aprons other protective clothing. People who used the service told us that staff observed hygienic practices when providing care.

## Is the service effective?

### Our findings

People who used the service told us that they had confidence in care workers and the service. One person said, "I am happy with the care. The carer is good." Another person said, "They provide marvellous care. Care staff are wonderful." Another person said, "Carers are really great. They are helpful. They are very friendly and pleasant." Relatives of people who used the service told us they were satisfied with the care provided. One relative said, "The care is generally very, very good. Carers are excellent. They always take time to talk to [my relative]. They are very nice." Another relative told us, "Carers are extremely good. The care is brilliant."

Records showed that care workers had undertaken an internal induction when they started work and completed training in areas that helped them to provide the support people needed. We asked staff if they thought the induction they received was adequate and prepared them to do their job effectively and they confirmed this. All care workers spoke positively of the induction.

Staff received training to ensure that they had the skills and knowledge to effectively meet people's needs. Training records showed that staff had completed training in areas that helped them to meet people's needs. Topics included moving and handling, safeguarding adults, infection control, first aid and health and safety. All staff spoke positively about the training they received and said that they had received the training they needed to complete their role effectively. One member of staff said, "We do a lot of training and I like that. I know what's expected of me." Another member of staff told us, "Training is delivered face-to-face and then we do assessments on line. It's good it keeps me up to date."

There was evidence that staff had received regular supervision sessions and this was confirmed by staff we spoke with. Supervision sessions enabled staff to discuss their personal development objectives and goals. We also saw evidence that staff had received an annual appraisal about their individual performance and had an opportunity to review their personal development and progress.

Staff we spoke with told us that they felt supported by their colleagues and management. They were positive about working at the service. One member of staff told us, "I feel supported. Everything is fine, we have a good relationship." Another member of staff said, "I'm happy with the company. I enjoy working for them." Staff told us that they felt confident about approaching management if they had any queries or concerns. They felt matters would be taken seriously and management would seek to resolve the matter quickly.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Staff had knowledge of the MCA and training records confirmed that they had received training in this area. Staff were aware that when a person lacked the capacity to make a specific decision, people's families, staff

and others including health and social care professionals would be involved in making a decision in the person's best interests.

The service had a Mental Capacity Act 2005 (MCA) policy in place. Care plans included information about people's mental health and their levels of capacity to make decisions and provide consent to their care. We found that care plans were signed by people or their representative to indicate that they had consent to the care provided.

However, we noted that there was a lack of information in care plans which showed how people who had limited capacity or were not able to verbally communicate were supported to make decisions and how their consent was gained. For example one person's care plan stated, "[Person] had a stroke, not able to communicate verbally." There was no further information which detailed how staff should communicate with this person. We raised this with the registered manager and she acknowledged this and confirmed that they would ensure care plans included more information where people had limited capacity to make decisions.

People were supported to maintain good health and have access to healthcare services and received on going healthcare support. Care plans contained information about people's health and medical conditions.

We spoke with the registered manager about how the service monitored people's health and nutrition. The registered manager explained that people's family prepared their food in the majority of cases and that staff were responsible for heating the food and assisting people where necessary. This was confirmed by people and relatives we spoke with. Two people who received care told us that staff did help them with regards to their meals. One person explained that staff always helped him decide what to eat and said that he was happy with this arrangement. Another person said that staff always asked her what she would like to eat and gave her the opportunity to decide. The registered manager explained that if care workers had concerns about people's weight they were trained to contact the office immediately and inform management about this. The service would then contact all relevant stakeholders, including the GP, social services, occupational therapist and next of kin.

## Is the service caring?

### Our findings

People and relatives we spoke with told us that they felt the service was caring and spoke positively about care workers. One person said, "Care staff are very nice. They are caring and pleasant." Another person told us, "Care staff are friendly and caring. They are like family." One relative told us, "Care staff are absolutely excellent. [My relative] feels comfortable with care staff. Some staff are exceptional and treat [my relative] like a human being." Another relative told us, "Carers are all awesome. We trust the agency."

The registered manager explained to us that she previously worked for the service as a care support worker and therefore she knew people that the service provided care to and understood their needs. People we spoke with were all familiar with the registered manager and said that they felt able to openly talk to her. The registered manager explained that she always ensured that staff discussed people's care with them and tailored their care according to what their individual needs were.

The service had a comprehensive service user guide which was provided to people who used the service and they confirmed this. The guide provided useful and important information regarding the service and highlighted important procedures and contact numbers. It also included information about the mission of the service which was, "To provide care that you would choose for a loved one." This ethos was echoed by staff we spoke with. The registered manager explained that the service focused on their "caring principles" which included choice, dignity, respect, privacy, equality, inclusion and independence for people. Their aim was to ensure people were treated with respect and dignity and were valued as people and their rights to privacy, confidentiality and to make their own choices were upheld.

There was documented evidence that people's care was reviewed regularly with the involvement of people and their relatives and this was confirmed by people and relatives we spoke with. These meetings enabled people and their relative's discuss and review people's care to ensure people's needs were still being met and to assess and monitor whether there had been any changes.

Care workers were aware of the importance of ensuring people were given a choice and promoting their independence. Staff were also aware of the importance of respecting people's privacy and maintaining their dignity. Staff told us they gave people privacy whilst they undertook aspects of personal care. They gave us examples of how they maintained people's dignity and respected their wishes.

## Is the service responsive?

### Our findings

People and relatives told us that they were satisfied with the care provided by the service and said that the service listened to them if they had any concerns. One person said, "They always ask me what I would like. I am able to look after myself with the help of carers. They are very supportive." Another person said, "I feel able to complain if I had to and I do feel that they would act." All relatives we spoke with told us that the service listened to their feedback. One relative said, "The manager listens and take comments on board. The manager is flexible and accommodating." Another relative told us, "The manager is absolutely excellent. She is very accommodating." Another relative said, "I feel able to raise issues with the manager. I am involved and they keep me informed of [my relative's] care."

We looked at eight people's care plans as part of our inspection. Care plans consisted of a care needs assessment, a support plan and risk assessments. The care needs assessments provided information about people's medical background, details of medical diagnoses and social history. The care needs assessment also outlined what support people wanted and how they wanted the service to provide the support for them with various aspects of their daily life such as personal care, continence and mobility. The registered manager stated that before providing care, the service assessed each person and discussed their care with them and their relatives.

Individual care plans were then prepared and they addressed areas such as people's personal care, what tasks needed to be done each day, time of visits, people's needs and how these needs were to be met. We found that these were individualised and specific to each person and their needs. However we found that care plans lacked information about people's preferences, their likes and dislikes. We spoke with the registered manager about this and she confirmed that they would ensure that such information was included in people's care plan. She said that staff always asked people what they liked and offered them choices and this was confirmed by people we spoke with.

There were arrangements in place for people's needs to be regularly assessed, reviewed and monitored. Records showed reviews of people's care plans and care provided had been conducted. Records showed when the person's needs had changed, the person's care plan had been updated accordingly and measures put in place if additional support was required.

The service has clear procedures for receiving, handling and responding to comments and complaints. People and relatives we spoke with told us they did not have any complaints about the service but knew what to do if they needed to raise a complaint or concern. They also told us that they were confident that their concerns would be addressed. Records showed that the registered manager investigated and responded appropriately when complaints were received and resolved matters satisfactorily.

## Is the service well-led?

### Our findings

People using the service and relatives spoke positively about the service and told us they thought it was well managed. There was a clear management structure in place with a team of care workers, office staff, a field supervisor and registered manager.

Care workers spoke positively about the management and culture of the service and told us the management were approachable if they needed to raise any concerns. Records showed staff meetings were being held and that the staff had the opportunity to share good practice and any concerns they had. Minutes of these meetings showed areas such as logging calls, safeguarding procedures and communication with the office had been discussed. The registered manager confirmed that these meetings occurred quarterly and explained that if staff were unable to attend a meeting, they would be sent a copy of the minutes and a memo of any important information. The registered manager explained that this ensured that staff had the necessary information to carry out their roles effectively.

Systems were in place to monitor and improve the quality of the service. We found the service had a system in place to obtain feedback from people about the quality of the service they received through review meetings and quarterly telephone monitoring. We reviewed some of the telephone monitoring forms and saw positive feedback had been received about the service. Some of the comments from people and their relatives included: "Staff exceed standards. I feel spoilt" and "Just wanted to put it on record my thanks to your carer for your kindness and help towards my relative. Your carer has built a rapport with my relative which is much appreciated".

Records showed that spot checks were carried out to assess care worker's performance when assisting people with personal care in the person's home. The checks were comprehensive and staff were assessed in areas such as timekeeping, how they communicated with people, proficiency of tasks undertaken and feedback was also obtained from the person using the service. Records showed that the feedback from people was positive about the care and support they received.

A satisfaction survey had been carried out in late 2015. The registered manager and the quality and performance manager explained that these were carried out by head office and confirmed they were still in the process of analysing the results. We were provided with preliminary evidence of the survey which showed that the results were mostly positive.

The service undertook a range of audits of the quality of the service and took action to improve the service as a result. Audits had been carried out in relation to care documentation, safeguarding, medicines, complaints/compliments, staff punctuality, staff files and training.

The service had a range of policies and procedures to ensure that staff were provided with appropriate guidance to meet the needs of people. These addressed topics such as complaints, infection control, safeguarding and whistleblowing.

The service had a system for recording accidents and incidents and then analysing them to prevent them reoccurring and to encourage staff and management to learn from these.

People's care records and staff personal records were stored securely in the provider's office which meant people could be assured that their personal information remained confidential.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Appropriate and comprehensive risks assessments were not prepared for some people who needed them.</p> <p>This may put people at risk of receiving support and care that was unsafe</p>