

Mi Life Care Services Limited

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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?

Outstanding ☆

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service: Mi Life Care Services is a domiciliary care agency. It provides personal care to older adults and adults with learning disabilities living in their own homes.

People's experience of using this service:

- People received outstanding care that was kind and compassionate, person centred care was embedded in planning and practice. People were actively supported and empowered to be fully involved in their care. Where people had communication difficulties the service had used technology to overcome barriers ensuring people were able to express themselves. A diverse range of religions and cultures were supported and respected across the whole service. Staff provided dignified care and promoted and supported independence.
 - People's choices, lifestyle, religion and culture as well as their personal and health care needs were all included in the care planning process. People were supported with accessing health care services when they needed, and the service worked in partnership with healthcare professionals. A training program meant people could be assured staff had the knowledge, skills and confidence to do their job. People received care in line with the law and guidance, they were supported in the least restrictive way possible.
 - People told us they were safe. Risk assessments were in place and reviewed regularly to ensure safe care continued. Staff were trained and could recognise signs of abuse and knew how to report it. Safe recruitment procedures meant that suitable staff were employed. Medicines were managed safely. Staff used Protective personal equipment (PPE) to prevent the spread of infection this included gloves, aprons and hand gels.
 - People's needs were met by good planning and coordination of care. Pre-admission assessments meant the service was confident it had the right staff available to support people prior to care starting. Regular reviews of care meant the service could respond to changes in people's needs promptly. A well-managed complaints procedure was in place and people were confident any problems would be responded to appropriately.
 - The provider, management team and staff had developed an open and honest culture, people and staff found them friendly and supportive. The registered manager had good oversight of the service from the quality monitoring processes. Learning and skill development was actively encouraged, and staff felt confident in their role. The registered manager worked in partnership with other professionals to strive for good outcomes for people who used the service.
- Rating at last inspection: Good 13 May 2016.

Why we inspected: This was a planned inspection based on the rating at the last inspection. The service is

rated good overall.

Follow up: We will continue to monitor the service through the information we receive until we return to visit as per our re-inspection programme. If any information of concern is received, we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remained safe
Details are in our Safe findings below.

Is the service effective?

Good ●

The service remained effective
Details are in our Effective findings below

Is the service caring?

Outstanding ☆

The service was exceptionally caring
Details are in our Caring findings below.

Is the service responsive?

Good ●

The service remained responsive
Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service remained well-led
Details are in our Well-Led findings below.

Mi Life Care Services Limited

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: This inspection was carried out by one inspector and one expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their area of expertise is older people and dementia care.

Service and service type: This service is a domiciliary care agency, it provides personal care to older adults and adults with learning disabilities living in their own houses. At the time of the inspection there were seventy-eight people receiving support with personal care.

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

Notice of inspection: We gave the service 48 hours' notice of the inspection visit because the manager is often out of the office as part of their role. We needed to be sure that they would be in.

Inspection activity started on 7 February and ended on 8 February. We visited the office location to speak with the registered manager and office staff; and to review care records, policies and procedures.

What we did: Before the inspection, the provider completed a Provider Information Return (PIR). This 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 provider returned the PIR and we took this into account when we made judgements in this report. We reviewed other information that we held about the service such as

notifications. These are events that happen in the service that the provider is required to tell us about. We also contacted the local authority and Healthwatch Leicestershire. Healthwatch is an independent consumer champion created to gather and represent the views of the public. Healthwatch plays a role at both national and local level and makes sure that the views of the public and people who use services are considered.

During the inspection we spoke with two people who used the service and six relatives. We had discussions with four staff members including the registered manager, care manager, two care workers and one senior care worker.

We looked at the care records of three people who used the service. We also viewed records in relation to the management of the service such as staff recruitment files, quality assurance checks, staff training and supervision records, safe guarding information and accidents and incident information. We looked at compliments and thank you cards from people and their relatives that covered a diverse range of cultural and religious backgrounds.

After the inspection we received;

- Annual Improvement plan
- Training and skills schedule
- Electronic call monitoring records
- Training certificates
- Further care planning records

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person said, "I am very happy with how my carers make me feel I know I am safe with them." A relative told us, "I am sure my [relative] is safe with all their carers, they really look after them well."
- Staff were trained in how to recognise signs of abuse and were clear on how to report concerns. The registered manager understood their responsibilities in relation to safeguarding and how to report and investigate concerns. There was an allocated safeguarding champion trained to manage and investigate concerns, this provided consistency in investigating and ensuring lessons were embedded.

Assessing risk, safety monitoring and management

- Risk assessments were completed before people received care these were reviewed regularly. We saw that one person had a condition specific risk assessment that listed all the possible hazards associated with the condition. This meant that there was information readily available to staff to enable them to quickly identify changes in condition and increased risk.
- Staff told us changes to risk assessments were communicated well and documents in people's homes were amended promptly.
- There was a twenty-four hour on call system in place to cover any emergency situations and ensured staff were well supported outside of office hours.

Staffing and recruitment

- There were enough available staff to meet people's needs. A contingency plan meant in the unlikely event of high levels of staff absence the service would still operate safely.
- Safe recruitment processes were in place they ensured only suitable staff were recruited by the service. Disclosure and Barring Service (DBS) checks were completed prior to working with people and were repeated every three years.

Using medicines safely

- Medicines were managed safely. Staff knew what to do and who to contact if things went wrong One staff member told us, "The medicines records are straight forward, easy to follow and complete." Medicine charts were checked regularly by the care managers.

Preventing and controlling infection

- Staff had personal protective equipment (PPE) readily available to them. One staff member said, "There is always plenty of PPE available we can just call in and collect gloves, aprons, shoes covers, and hand gels."

Learning lessons when things go wrong

- Learning from mistakes was embedded in practice, we saw when things had gone wrong appropriate action was taken and processes put in place to prevent a repeat. For example. We saw that following a concern raised by a relative the care manager had identified that further guidance was needed for staff. A reminder sheet was added to the persons care plan to prompt staff to follow a sequence of events before they had finished a visit.

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

Good: People's outcomes were consistently good, and people's feedback confirmed this.

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

- People's care needs were assessed and detailed in their care plans this included lifestyle choices, religion, relationships, culture and diet. People's goals and aspirations had been considered and staff were supporting people to achieve them. For example. One person had wished to continue with an activity that presented a level of risk, managers and staff had worked together with other professionals, the person and their relative on how best to support, this had achieved a positive outcome.

Staff support: induction, training, skills and experience

- Staff had received an induction and regular training that ensured they had the skills they needed to do their job. The registered manager and management team encouraged and supported learning, extra training was widely available.
- Staff received regular spot checks, supervisions and appraisals, they told us they felt well supported in their role. One staff member described the support as making them feel capable and confident.

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

- Care plans detailed people's likes dislikes and specialist diets. One person required support with a specialist feeding regime, staff had been appropriately trained and their competency checked. Staff told us there was enough information and time on their visits to support people with eating and drinking. One staff member said, "If we find a person needs more time and support on a visit we let the registered manager know and they will reassess and speak with the funders to arrange a time increase."

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

- People were supported to attend healthcare appointments. Staff had supported people to access healthcare services and were working in partnership with occupational therapy, speech and language therapists, GP's and the district nurse team.
- The management and staff team had worked closely with hospital discharge teams to ensure safe and timely support was in place to assist people to go home from hospital. One person had been in hospital in a different part of the country. We saw that arrangements had been made for staff to travel to the hospital to receive specialist training to ensure they had the skills needed to support the person on their return home.

Ensuring consent to care and treatment in line with law and guidance

- People were receiving care and treatment in line with law and guidance. The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental

capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take 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 with appropriate legal authority.

- The management team and staff had a good understanding of MCA and supporting people in their best interests. People were supported in the least restrictive way possible.
- Information could be made available to people in all languages and other formats, this meant they could understand the care they could expect and be involved in the process.
- An information leaflet on lasting Power of Attorney had been created as guidance for people and their families, this included signposting people to other resources such as the office of the public guardian and Age uk.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Outstanding: People were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

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

- The service was very person centred and staff had an exceptional understanding of people's individual needs. Staff would go the extra mile to ensure people were happy, comfortable and enriched. For example, care plans greatly reflected people's religion, lifestyles and culture. There were an impressive 13 different languages spoken by the staff and office team. During our inspection we heard office staff communicating with people that use the service in their own language. Recruitment was planned and executed to target applicants that would be able to best support people using the service. For example. Where a person spoke Polish and required Polish speaking staff the registered manager used their knowledge of the local area to display adverts and post leaflets to attract applicants.
- There was an attributes and skills chart in place that was used alongside an electronic matching system to ensure that the best match between people and staff was achieved. The management and office team had worked with people to gather detailed information. For example, staff members who could tie a head scarf, dress a sari or assist with Wudu (a ritual washing procedure in preparation for prayer and worship) had been allocated to people who needed this support. One relative had written to the service on behalf of their family member to praise staff and thank them for supporting the person to visit the temple. The relative added that with the support of staff the person is now wearing saris daily which the person feels is very important to their religion.
- One person was being supported to attend regular services at their church. The person relative told us that they were very grateful for this very important support. The care manager had sought extra learning in the religion, so they could confidently support the person and have a better understanding of their needs.
- People were empowered with choice in their care by being able to interview their own staff. We saw examples of this working positively for both people and the staff that cared for them. One relative worked in partnership with the care manager to plan visit schedules and staff deployment for their family member.
- The service had been key in sourcing specialist technology to support people with communication difficulties. This had empowered people to be involved in their care and support. For example, a initial assessment had identified a communication barrier for a person. The registered manager sought advice via specialist speech and language therapists. This resulted in the person receiving an electronic tablet to aid communication and learning. Training was arranged for both staff and family and a senior member of staff was assigned to observe and support. Records showed an improvement in the person's ability to communicate. We saw another person had been able to communicate end of life decisions via technology and these had been respected and followed by staff.

Ensuring people are well treated and supported

- People were cared for by staff who were kind, caring and compassionate. One relative told us, "I can't fault the carers who come to help. [Relative] is treated with care and loved by them." Another person said, "it's just the little things that they do to show me they care like doing anything extra I need, putting out washing and if I need anything getting from somewhere else in the house it's there before I know I need it. I don't know what I would do without them."
- Person centred care was embedded in care planning and practice. It considered people's feelings and emotions and how best to support them. Risk assessments also supported staff with caring. For example, moving and handling assessments had considered how the person may feel during the manoeuvre and had instructed staff how to reassure the person.
- Specialist training had been sourced for staff supporting a person with dementia that focussed on the persons needs. The training included respecting the persons individuality and advise on how staff could create an understanding and trustworthy relationship.
- The registered manager understood the importance of staff wellbeing and the impact this could have on people who used the service. One staff member told us, "The manager and care managers are really supportive, they listen to us and offer help and support when we need it." The registered manger had commissioned a 24-hour stress helpline for staff. This gave staff confidential access to a counsellor to discuss a wide range of issues that they may be experiencing.

Respecting and promoting people's privacy, dignity and independence

- Care planning and risk assessments reflected and encouraged independence. Where people had been assessed as potentially vulnerable in the community steps had been taken to support rather than discourage. For example. The service had implemented the "Herbert Protocol" this was a system that recorded information about people such as habits and distinguishing marks that would assist services involved in finding them should they be missing. The Herbert Protocol had recently been used to assist the police, resulting in a positive outcome for a person using the service.
- We saw that a relative had recently contacted the service to praise one of the staff members for the support they had provided, they commented on the positive impact this had had on their family member including making them feel happy, valued and independent. Staff were also praised for supporting a person to shop for their own food as they were now able to influence their own meals. The relative commented that staff had tirelessly engaged and encouraged a person to wear a hearing aid, this had meant the person was now engaging in conversation.
- Respect and dignity were embedded in practice. A staff member told us, "People's privacy is very important, we respect their home. When supporting with personal care I always make sure curtains and doors are closed and I cover them while helping with washing and encourage them to be as independent as possible. "One person told us," My privacy is maintained at all times by all of my carers they even leave the bathroom while I use it, I like that." A relative said, "We have a good team of carers they really know how to care for my [relative]. I hear them talking to them all the time when they are here and they encourage them to do what they can for themselves."
- A leaflet had been developed to explain what an advocacy service was, this also provided contact details to a local service.

Is the service responsive?

Our findings

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

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

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

- A pre-admission process meant people could be confident their needs could be met before support started. It gave insight into people's personal history, their individual preferences, interests and aspirations. From the information gathered a tailored plan of care was developed and the best match of staff was sourced.
- Comprehensive care and support plans were in place and written with people at the centre. They covered every aspect of care and support including, choice and desired outcomes, religion, culture, eating, drinking, communication, finances and health. Care plans were regularly reviewed and changed where needed with the involvement of people using the service. We saw that a change to the design of the care plan record had received positive feedback from a relative who described it as, easy to read and understand with information recorded accurately with thought dignity and care.
- The registered manager had created a culture of the service being led by the people who used it. One person told us, "When we started with Mi life the times we needed were not available but within a couple of weeks we got all the times we wanted, and I can honestly say we have never been let down."
- People told us they received support from regular staff that knew them well. One person said, "We have regular staff and when a new one starts they always shadow one of the regular staff first to learn the job."
- Staff visit schedules were well organised to ensure people had visits from staff that knew them well and could meet their needs and preferences. There was an electronic system in place to alert the office team if carers had not arrived for their visit or were running late. This meant that people were assured that their visits were monitored and managed well and prevented the risk of a missed visit.

Improving care quality in response to complaints or concerns

- A complaints procedure was in place. This was included in the service user information guide and included details for other contacts if people were not happy with the response including the local authority and Care Quality Commission. Records showed that complaints had been managed appropriately and action was taken to drive improvement. One relative said, "I have never had to complain about anything, but I would do if it was needed."

End of life care and support

- End of life care plans were in place for people that had wanted them. Information included people's preference and choices around their care as well as discussion around equipment that could be sourced to provide physical comfort.

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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The provider, registered manager and care managers put people at the centre of the service. They were passionate about ensuring people's choices, goals, aspirations and feelings were considered and incorporated into care. There was an honest and open culture, when things had gone wrong the registered manager had shared information and findings with people and their families and had driven learning and improvement.
- The provider and registered manager had invested in the education of staff. Further learning was widely available and encouraged this had resulted in staff feeling empowered and confident to provide a high standard of care.
- The registered manager sought advice and guidance from reputable sources to ensure that the service continues to follow best practice. Improvement plans were in place and were updated regularly to ensure the service continued to learn and develop.

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

- Regular record and systems check's took place to monitor the quality of the service.
- Staff received regular supervision, appraisal and spot checks these were used to offer guidance and support as well as monitor quality.
- The service notified the Care Quality Commission of significant events appropriately. Policies and procedures were in place and were updated periodically to ensure information was current and supported best practice.

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

- Staff told us they felt well supported and were confident in the management team. One staff member told us, "I get opportunity to make suggestions and share ideas, I feel listened to." There was a suggestion box located in the office reception where people and staff could post their ideas and suggestions anonymously should they wish.
- Surveys took place for staff and people using the service to gather their views. This information was used to gauge satisfaction and drive improvement. The survey showed high levels of satisfaction from people.
- Regular open coffee mornings took place for people and staff to attend giving people the opportunity to meet and talk with the whole office team.
- People's review meetings included discussing the quality of the service and people's satisfaction. People

told us they felt confident when they contacted the office and management team that they would be able to help.

Working in partnership with others

- The registered manager, provider and management team had good working relationships with other professionals' people and their families. They had worked in partnership to provide the best outcomes for people who used the service. One relative told us, "I live some distance from my [relative] and one of the best things is I get a regular call to let me know how they are doing."