MiHomecare Limited

MiHomecare - Exeter

Inspection report

5 Hanover Court
Manaton Close
Matford Business Park
Exeter
Devon
EX2 8PF
Tel: 0845 850 8553
Website: www.mihomecare.com

Date of inspection visit: 26 and 28 January 2015
Date of publication: 22/04/2015

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

We undertook an announced inspection of MiHomecare-Exeter (DCA) on 26 and 28 January 2015. We told the provider two days before our visit that we would be coming to ensure the information we needed would be available. MiHomecare-Exeter provides personal care services to people in their own homes and MiHomecare Limited has 40 domiciliary care services across the country with 29 in the South of England. At the time of our inspection approximately 55 people were receiving a personal care service.

This service has not been inspected previously and was registered with CQC on 24 May 2013.

People were kept safe and free from harm. There were appropriate numbers of staff employed to meet people's needs and provide a flexible service. Staff were able to accommodate last minute changes to appointments as requested by the person who used the service or their relatives.

Summary of findings

Staff received regular training and were knowledgeable about their roles and responsibilities. They had the skills, knowledge and experience required to support people with their care and support needs.

Staff knew the people they were supporting and provided a personalised service. Care plans were in place detailing how people wished to be supported and people were involved in making decisions about their care. People told us they liked the staff and found the care to be satistfactory.

Peoples' comments included "I'm really happy with the care workers, they push the boat out to do what they do" and "Thanks to the girls for looking after me".

People were supported to eat and drink. Staff supported people to attend healthcare appointments and liaised with their GP and other healthcare professionals as required to meet people's needs.

The service has recently changed managers. Although the service has always had a manager, the previous manager left before they had registered with CQC so there has not been a registered manager at MiHomecare-Exeter since its registration. The manager in post now told us they intended to apply for registration shortly with the Care Quality Commission (CQC). They also managed the Okehampton branch. A registered manager is a person who has registered with CQC 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 and associated Regulations about how the service is run. The manager was accessible and approachable. Staff, people who used the service and relatives felt able to speak with the manager and there were opportunities to provide regular feedback on the service. There were good systems in place to regularly monitor the quality of the service provided.

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?
The service was safe.

There were processes in place to help make sure people were protected from the risk of abuse and staff were aware of safeguarding vulnerable adults procedures.

Risk assessments were completed to ensure risks were identified and appropriate actions taken to keep people using the service and staff safe. Written plans were in place to manage these risks. There were processes for recording accidents and incidents. We saw that appropriate action was taken in response to incidents to maintain the safety of people who used the service.

There were appropriate staffing levels to meet the needs of people who used the service.

Good

Is the service effective?
The service was effective.

Staff had the skills and knowledge to meet people's needs. Staff received regular training, supervision and appraisals to ensure they had up to date information to undertake their roles and responsibilities. They were aware of the requirements of the Mental Capacity Act 2005.

People were supported to eat and drink according to their plan of care.

Staff supported people to attend healthcare appointments and liaised with other healthcare professionals as required if they had concerns about a person's health.

Good

Is the service caring?
The service was caring.

People who used the service told us they liked the staff and found the care provided to be satisfactory.

Staff were respectful of people's privacy and dignity. People were involved in making decisions about their care and the support they received.

Good

Is the service responsive?
The service was responsive.

Care plans were in place outlining people's care and support needs. Staff were knowledgeable about people's support needs, their interests and preferences in order to provide a personalised service. People felt involved in their care planning, decision making and reviews.

People who used the service and their relatives felt the staff and manager were approachable and there were regular opportunities to feedback about the service.

Good

Is the service well-led?
The service was well-led.

Staff were supported by their manager. There was open communication within the staff team and staff felt comfortable discussing any concerns with their manager.

Good

Summary of findings

The manager and the provider regularly checked the quality of the service provided and made sure people were happy with the service they received.

MiHomecare - Exeter

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, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection of MiHomecare-Exeter took place on 26 and 28 January 2015 and was announced. We told the provider two days before our visit that we would be coming. We did this because the manager is sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that they would be in. One inspector undertook the inspection.

Before the inspection visit we reviewed the information we held about the service, including the Provider Information Return (PIR) which the provider completed before the inspection. 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. We also reviewed information we received since the service was registered with CQC. This included notifications, incidents that the provider had sent us and how they had been managed appropriately.

During our inspection we went to the MiHomecare-Exeter office and spoke to the manager and two office staff, reviewed the care records of seven people that used the service, reviewed the records for four staff and records relating to the management of the service. After the inspection visit we undertook phone calls to seven care workers and eight people that used the service. We also visited three people using the service in their own homes with their permission and one person's warden.

We also spoke with a social worker who was involved in the care provided to people who used the service.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe using the service. People told us they liked the staff and found the care to be satisfactory. Peoples' comments included "I'm really happy with the care workers, they push the boat out to do what they do" and "Thanks to the girls for looking after me". One person said "They are the best, most attentive carers we have had. We have regular girls and they are the best company".

Staff had received training in safeguarding vulnerable adults. A safeguarding policy was available and staff were required to read it as part of their induction. Staff were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures. There had been three safeguarding concerns raised by the agency in 2014. All of which had been addressed appropriately and involving the appropriate professionals. For example, in one case disciplinary action had been taken relating to one staff member and external professionals had been involved in the other two concerns which related to possible financial abuse by people outside of the agency.

Assessments were undertaken to assess any risks to the person using the service and to the staff supporting them. This included environmental risks and any risks due to the health and support needs of the person. The risk assessments included information about action to be taken to minimise the chance of harm occurring. For example, one risk assessment detailed how staff should be aware of maintaining professional boundaries. Another care plan detailed how the person preferred to wash, "Sits on a stool in the kitchen and washes hair over the sink". Staff were also instructed on how to assist the person to care for their pet and the care plan included use of personal protection equipment (PPE) to minimise the risk of infection.

The plan went on to detail exactly the order of the person's routine including choices and an increased risk of falling and what action to take. At the time of the inspection only one person used a hoist and two regular care workers visited for every visit. The manager said new staff would always first visit a person along with another care worker and care plans were detailed so that staff would know what to do on each visit. Care workers said they always checked on things like ovens, if the front and back doors were secure and if people needed anything else. People confirmed this was the case.

Staff were aware of the reporting process for any accidents or incidents that occurred and these were completed. For example, if there was no response at the person's home or someone had fallen. Appropriate action was recorded using the company policy and also on individual client diaries. For example, one person's wife had been taken into hospital so the agency had ensured the husband had support during this time in conjunction with social services.

There were sufficient numbers of staff available to keep people safe. Staffing arrangements were determined by the number of people using the service and their needs. Staffing arrangements could be adjusted according to the needs of people using the service and we saw that the number of staff supporting a person could be increased if required. There was on-going recruitment as the agency had plans to gradually expand.

People were happy to report that staff were rarely late and called them if traffic was busy. Care workers stayed the allocated time which was monitored from the office using a log in telephone system. Staff all showed concern that their being late might upset older people who then might have thought nobody was coming at all. They did their best to let people know, either personally or asked the office to give the client a call to reassure them they had not been forgotten. One person receiving the service said "It is nice to have a call from the girls in the office saying my carer will be a bit late, I understand perfectly – and it makes me feel less forgotten". During the inspection office staff called one person to inform them their regular care worker was unavailable and would they mind having another named care worker for that one shift.

Care workers had regular people they provided care for and the agency tried to ensure people received care from the care workers they liked best. People were sent a weekly rota with named care workers due to visit. One person said "We are very fortunate, we get regular carers who know our routine ".The majority of people supported by MiHomecare-Exeter and the staff it employed lived locally. This, together with effective planning, allowed for short travel times and decreased the risk of staff not being able to make the agreed appointment times. The manager informed us the service had not had any missed

Good

Is the service safe?

appointments. If staff were unable to attend an appointment they informed the manager in advance and cover was arranged so that people received the support they required. The computer system alerted office staff if a care worker had not arrived at the allotted time so they could immediately follow this up. All staff used mobiles to log in their visit time when they arrived and left people's homes. Employee timesheets showed visit "runs" had been thought out and enabled staff to get to each visit within the preferred time.

Suitable recruitment procedures and required checks were undertaken before staff began to work for the agency. Applications were sent to the provider's head office who filtered applications considered suitable to go forward for interview at the local office. Checks included the Disclosure and Barring Service (DBS) checks relating to criminal convictions. The manager recorded discussion about these checks and these were sent to head office. Head office would analyse recruitment records, application form, interview notes and make the final decision to offer employment. Only those applicants who achieved a set number of points in interview were successful. A new recruitment officer was being employed who will manage recruitment in the office. We saw an action plan relating to one employee which showed a plan for monthly spot checks and a timescale to check competency. This had happened as described although information was in different files and could be more coherent if brought together to clearly show issues had been actioned as planned. We saw that all staff had a signed contract in their records.

Where staff assisted people with medication this was managed well. Records were completed and all staff had received medication training called "Pill, pot, person". This included supporting people with specific requirements such as how to use dossett boxes and drugs information. Regular spot checks were completed by senior staff which looked at medication records to monitor any issues such as gaps in recording. These were then followed up as necessary. For example, one spot check focussed on medication competency assessments to ensure staff were working to a safe standard.

Good

Is the service effective?

Our findings

People were supported by staff who had the knowledge and skills required to meet their needs. The agency employed around 19 staff at the time of our inspection. Training records showed each staff member was either up to date with the provider's mandatory training topics or training sessions had been booked. These included manual handling, effective communication, person-centred care, infection control and first aid. The company used in-house trainers with a mixture of e-learning refreshers and face to face sessions. There was also opportunity to complete more advanced training or training on relevant specific topics such as epilepsy and autism. An end of life training package had been sourced and would soon be available as they had been ordered by the provider. Staff were able to undertake nationally recognised qualifications such as the Qualification and Credit Framework (QCF) in health and social care to further increase their skills and knowledge in how to support people with their care needs. One care worker said she had been surprised to find so many chances for training available.

People using the service felt their care workers knew what they were doing. Comments included "My carer is ahead of me in what I want – I put this down to good training and experience" and "I cannot fault any of the carers – I owe my health improvements to their care and they let me be in charge. They have the skills and knowledge".

Staff were aware of and had received training in the Mental Capacity Act (MCA) 2005. Staff were aware of what processes to follow if they felt a person's normal freedoms and rights were being significantly restricted. At the time of our inspection no one using the service was deprived of their liberty. For people who did not have the capacity to make these decisions, their family members and health and social care professionals involved in their care made decisions for them in their 'best interest '. The manager told us that if they had any concerns regarding a person's ability to make a decision they worked with the local authority to ensure appropriate capacity assessments were undertaken . For people who wished to have additional support whilst making decisions about their care, information on how to access an advocacy service was available.

New staff underwent induction training and were assessed using workbooks based on Skills for Care Common Induction Standards. There was a period of shadowing more experienced staff until they were signed off as being competent. The field supervisor accompanied them on their run to appraise them and sign them off as able to work alone. Staff received regular supervision and appraisal from their manager. These processes gave staff an opportunity to discuss their performance and identify any further training they required. If some staff received additional supervision due to an issue, actions were completed but these were not always cross referenced to the initial issue. For example, if it referred to a complaint in the complaints folder this was not clear from the subsequent supervision session. This made it unclear whether tasks had been completed although we found all actions had been done. Other complaints recorded had been actioned but information was not all together to ensure a good audit trail. For example, in relation to an issue relating to a staff members health and another about dress code and practice.

People were supported at mealtimes to access food and drink of their choice. Care plans stated what drinks and snacks people liked and how to present them. For example, "Put a straw in the drink and hold it for me" and "Avoid excessive dairy". Much of the food preparation at mealtimes had been completed by family members and staff were required to reheat and ensure meals were accessible to people who used the service. Staff had received training in food hygiene and were aware of safe food handling practices. Staff confirmed that before they left their visit they ensured people were comfortable and had access to food and drink. For example, one care worker had alerted the office to the fact that one of her clients had no food in his fridge. . The agency stepped in at once and sorted this out.

We were told by people using the service and their relatives that most of their health care appointments and health care needs were co-ordinated by themselves or their relatives. However, staff were available to support people to access healthcare appointments if needed and liaised with health and social care professionals involved in their care if their health or support needs changed. People's care records included the contact details of their GP so staff could contact them if they had concerns about a person's health. Where staff had more immediate concerns about a person's health they called for an ambulance to support the person and support their healthcare needs. The client diary record showed numerous accounts where staff had

Good

Is the service effective?

contacted social services and external health and social care professionals to ensure people were receiving the care at the time and period they needed. This was recorded clearly as “service issue” and followed up with an update entry. One social care professional said they had no concerns about the effectiveness of the care the agency provided.

Good

Is the service caring?

Our findings

People who used the service were all happy with the staff and they got on well with them. People felt involved in their care decisions and were asked at the beginning of their care what and how they would like to be cared for. Whenever this was possible this is what happened. One person said "It's a two way thing – the carers make suggestions which I mostly agree to, and I say what I would like and nine times out of ten, they oblige." People felt care workers and office staff gave them clear explanations about aspects of care such as safe manual handling. One relative told us "My husband likes all his carers. He is a very private man, recently he very nearly slipped in the shower and the carer caught him with no recrimination about ` being more careful'. What I like about these carers is they don't try to take over, there is no bossiness which neither of us could stand". Another person praised the attitude of the care workers saying "There is no insisting I have a shower when I preferred a strip wash on occasion. They make sure my beloved reading material was within my reach and stayed with me as long as possible".

Everyone described their care workers with affection and respect telling us how much they felt they were treated well and affectionately. One person said "My current carer, and everyone else I have had from the agency, treat me with affection and understanding". Another person said "She treats me with great dignity and respect – we have lots of good laughs." The care workers were equally fond of the people they supported and showed this by speaking warmly about them.

There were examples where staff had gone beyond the tasks set out on people's care plans to ensure people were happy. For example, staff had helped get new bedding and clothes for someone, popped in for a chat with someone who was lonely in between other visits, taken flowers and dropped some shopping off in their own time. One person had trouble using their door key so a care worker had bought them a key fob torch. Staff said "We really care about these people. Once our office phone was faulty so we were worried and rang all our clients to give them mobile phone numbers while it was being fixed".

Staff were respectful of people's privacy and maintained their dignity. Staff told us they gave people privacy whilst they undertook aspects of personal care, but ensured they were nearby to maintain the person's safety, for example if they were at risk of falls. Care plans re-iterated the importance of maintaining people's dignity, one plan stated "If I declined personal care in the morning, try encouraging me again during my afternoon visit to have a wash and change my clothes". The majority of people who received personal care from MiHomecare-Exeter had capacity to make their own decisions at the time of our inspection. They were very involved in their care planning and had signed each plan and also signed the times that care workers were at their homes to ensure they had the correct time and length of visit.

The agency currently did not provide services for people who required end of life care but were about to begin a new end of life training package as the agency intended to gradually expand.

Good

Is the service responsive?

Our findings

Staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service. Assessments were undertaken to identify people's support needs and care plans were developed outlining how these needs were to be met. Care plans were regularly updated showing what tasks staff were to do on each visit. The care plans did not include a summary of the person's health conditions which would make the information more complete and inform staff the reason people required assistance. This information was within the computer information but not always the care plan in people's homes. The manager said they would include a pen picture profile in future. However, care plans were detailed and personalised such as "Take tray upstairs with medication and glass of milk". Another care plan was very detailed about how staff should deliver care. For example, a support plan had been devised stating "If I am asleep. Please wake me gently by stroking my arm and saying my name and prompt me to sit up in my chair, I will use the controls".

Daily care records were meaningful and related to the tasks and showed staff were responsive to people's needs. For example, "Didn't feel like getting undressed today as having visitors. Noted a cough and checked that family could buy some cough syrup". One person said how marvellous the carers were saying "They even helped me light my fire when the light went out and cleaned my microwave. We have a chat every day, everybody is very helpful". Another care worker had noted that the person seemed "out of sorts" with fluctuating capacity so they called their GP with their permission resulting in treatment for an infection. Another person had an infected wound which staff noted and alerted the GP. Staff attended reviews with external health and social care professionals. They knew who was the next of kin and power of attorney so they could raise any concerns, increase length of visits if needs increased or obtain any items the person needed.

The agency was responsive to people's preferences. For example, one person had really liked care from one care worker and cancelled care if they were not available. The agency met with the person and introduced them to another care worker and discussed the person's preferences so they were happier. Another person preferred male care workers and their request was met as far as possible. A social care professional said the manager and staff were "exceptional and approachable" adding that the office staff were also very good. One community health professional had left a note for care workers to say they were very happy with the level of care from the care workers and office staff. Any on-call issues were clearly recorded and dealt with. The computer system allowed staff to pick categories such as gender and named care workers so people had the care they requested and that it was recorded .

People using the service were aware of the formal complaint procedure, they knew the manager and office staff and felt comfortable ringing them if they had any concerns. We saw the service's complaints process was included in information given to people when they started receiving care. There was a clear complaints system. Complaints were categorised into two levels depending on seriousness. Level 2 complaints were dealt with at manager level and signed by the complainant when they were satisfied with the response. Level 1 complaints were more serious and managed by the provider at head office. Clear action taken were recorded.

There was good communication with people on a regular basis recorded on individual client diaries and opportunities for reviews in person and over the telephone to ensure people were happy with the service. People who used the service were given contact details for the office and who to call out of hours so they always had access to senior managers if they had any concerns.

Satisfaction questionnaires were available to obtain feedback from people who used the service and actions were taken and recorded.

Good

Is the service well-led?

Our findings

People using the service and staff spoke very highly of the agency. Everyone said they would strongly recommend MiHomeCare-Exeter as being efficient, caring and good employers. Staff felt well supported by the manager. Staff were given contracted hours rather than 0% contracts which made them feel more secure in their jobs. Staff all felt happy and spoke positively about their jobs. An employee of the month scheme further encouraged staff so they felt valued and recognised for good work.

MiHomecare is a national company and all systems and documents stem from the head office. The Exeter agency was regularly visited by a quality assurance team from head office. There were comprehensive audit checks. These were then scored and subsequent visits planned at intervals relevant to risk. For example, an agency was visited again after a few weeks if there were issues raised during the audit, or at three monthly or six monthly intervals. MiHomecare-Exeter had been visited annually as there were minimal issues raised during this audit. MiHomecare as a company states their values being people, passion, free thinking and exciting opportunities. MiHomecare-Exeter put people at the heart of their work, staff were passionate about what they did, able to go that extra mile and were supported and enjoyed their jobs.

The service had recently changed managers. Although the service has always had a manager, the previous manager left before they had completed registration with CQC before they were transferred to another MiHomecare location. There has not been a registered manager at MiHomecare-Exeter since its registration. The manager in post now told us they intended to apply for registration shortly with the Care Quality Commission (CQC) and began managing the Exeter agency in October 2014.

People were given various opportunities to comment on their care such as telephone reviews after the first 24/48 hours, at six weeks face to face and six monthly meetings. Regular spot checks were carried out by the field supervisor. Staff were sent a letter stating “We will be coming out in the next couple of weeks to do unannounced spot checks to ensure you are working to the high standards we expect”. From regular audits, topics were identified such as ensuring staff were changing gloves between personal care and applying creams, wearing aprons, not using abbreviations in records and not using “pet” names. There were also medication audits where medication administration charts were checked. A quality assurance survey was sent out annually to people using the service. The collated results showed that comments and outcomes were considered and actions taken. For example, topics included supporting workers to have a positive attitude, tidy uniforms, people being shown respect and ensuring that care workers stayed the correct amount of time.

Staff were supported by regular training, supervisions and staff team meetings. These were recorded and informed staff of any changes or to remind staff the importance of logging in and out. Staff morale was good focussing on the positive with an office “positivity box” showing the good work they were doing. Staff said “I love my job, the whole team are friendly and welcoming” and “The office staff are very helpful”.