

MiHomecare Limited

MiHomecare - Brent

Inspection report

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Date of inspection visit:
24 February 2017

Date of publication:
17 March 2017

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Summary of findings

Overall summary

At our last inspection of MiHomecare-Brent on 29 February 2016 we found that there was a breach of legal regulation. This was because the provider did not always ensure risks to people were identified and appropriately managed.

We undertook this announced focused inspection on the 24 February 2017 to check the provider had taken action and were now meeting legal requirements.

This report only covers our findings in relation to the safety topic area. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for MiHomecare-Brent on our website at www.cqc.org.uk.

At our last inspection in February 2016 we rated the service good and in the four topic areas; effective, caring, responsive and well-led. The service was rated requires improvement in the topic area safe. The overall rating was good and the overall rating continues to be good after this inspection.

MiHomecare-Brent is registered to provide the regulated activity personal care to people in their own homes. At the time of the inspection, the service was providing care and supporting 45 people.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission [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 2008 and associated Regulations about how the service is run.

At this focused inspection on the 24 February 2017, we found the legal requirements had been met. The provider had taken action to address our concerns about the way risks to people were managed.

We found risk assessments had been updated and risks were identified according to people's specific care needs. There were risk management plans in place and risks were managed so that people were safe and their freedom supported and protected.

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 ●

We found action had been taken to improve the safety of the service.

Risks to people were identified and managed so that people were safe and their freedom supported and protected.

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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.

We undertook an announced focused inspection of 24 February 2017. The provider was given 48 hours' notice because the location provides a domiciliary care service. We wanted to make sure they would be available for our inspection. We inspected the service against one of the five questions we ask about services: is the service safe. This is because the service was not meeting legal requirements in relation to that question.

The inspection was undertaken by one inspector. Before our inspection we reviewed the information we held about the service.

During the inspection we spoke with the registered manager. We checked eight people's care plans and reviewed eight risk assessments.

Is the service safe?

Our findings

At our comprehensive inspection on the 29 February 2016 we found risk assessments did not clearly reflect the potential risks to people which could mean risks were not being appropriately managed.

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

At this focused inspection on 24 February 2017 we found that the provider had taken action and met the requirements of Regulation 12 described above.

During this inspection, we reviewed eight risk assessments. We found the risk assessments had been updated and provided detailed information so that people were safe and their freedom supported and protected. Risks to people were assessed and identified according to people's specific needs. Individual risk assessments were completed for each person using the service in relation to mobility, moving and handling, medicines, specific medical conditions, sight, hearing, food, falls and skin integrity. The level of each risk was assessed to establish whether it was low, medium or high and measures to reduce the risk were detailed as well as information for care workers on how to support people safely.

The assessments outlined what people could do on their own and when they required assistance. The assessments also included the number of staff needed to carry out certain tasks so people did not risk getting harmed by inappropriate moving and handling practices. People's choice as to whether they preferred to be supported by a male or female care worker was also included.

When it was found a person needed support with their mobility, guidance had been put in place to minimise the risk of the person falling. The guidance included, 'After the stroke [Person] needed a hoist and is not able to mobilise. [Person] can weight bear and mobilise slowly indoors using a zimmer frame'. The risk assessment then also stated, 'Please make sure [Person's] zimmer frame is always with them. If you notice any mobility decline to report to the office immediately'. Risk assessments also included a comprehensive falls risk assessment tool that took into account whether the person had a history of falls, pain, medicines and any visual or cognitive impairment which affected their mobility.

Another risk assessment for a person who was at risk of developing pressure ulcers included the guidance, '[Person's] skin is very fragile and requires creaming after every shower. [Person's] heels are very fragile. Please apply cream, monitor and report any concerns to the office immediately.' Risk assessments also included when people received personal care in the bathroom and any use of equipment including water temperatures to be checked to avoid the risk of potential scalding and ensuring bathroom floors were dry so people were not at risk of slipping and sustaining an injury.

Risk assessments were specific to people's conditions and guidance detailed ensured people were supported appropriately. For example, for one person who had diabetes but assessed as low risk, the risk assessment detailed the support the person had with their condition which included their medicines and

food which was being managed by a relative. For another person who had limited capacity and was not able to verbally communicate due to learning disabilities, the risk assessment included information that the relative was the main carer for this person. It also included the instruction, 'Care workers to observe and pay attention to [person's] facial expressions as they are unable to communicate. The office sends regular carers as [Person] can recognise their voices.'

Records showed risk assessments were reviewed and were updated when there was a change in a person's condition.

Risk assessments had also been carried out of people's home environment to ensure care staff were working and caring for the person in a safe environment. The home environment risk assessment included assessment of risks including poor lighting, trip hazards and other safety and security issues.

We identified that the provider had developed their system so that risks to people were identified and managed to minimise the risk of people being harmed and to keep people safe.