

MiHomecare Limited

MiHomecare - Queensbury

Inspection report

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Date of inspection visit:
28 July 2022

Date of publication:
20 September 2022

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?

Requires Improvement ●

Summary of findings

Overall summary

About the service

MiHomecare - Queensbury is a domiciliary care agency registered to provide personal care to people in their own homes. The services they provide include personal care, housework and medicines support. At the time of inspection, the service provided care to 32 people who received personal care. The Care Quality Commission (CQC) only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service:

People told us they could rely on care workers to provide care safely and they felt comfortable in their presence. Systems were in place to help safeguarding people from the risk of abuse and staff had received training on recognising and managing safeguarding concerns. Staff were safely recruited by the service, ensuring that only people who were suitable to work with vulnerable adults were employed.

Risk assessments identified how potential risks should be managed to reduce the likelihood of people experiencing harm.

People and relatives told us that care workers were respectful of people's privacy and dignity. They told us care workers were kind, helpful and considerate.

Appropriate medicines management and administration processes were in place.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Measures to prevent and control the spread of COVID-19 and other infections were in place.

Staff were up to date with their training, which ensured they had the knowledge and skills to safely and effectively meet people's needs.

There were mixed reviews from people, relatives and staff about the management and running of the service. The majority of people and relatives we spoke with told us they did not know who the registered manager was. A number of care workers told us there had been numerous changes in management in recent times which had caused uncertainty and stress. We have made a recommendation in relation to this.

Systems were in place to take learning from any suggestions or complaints, should these be made.

Quality assurance processes were in place to enable people using the service and their carers to make their

views known. Management had systems in place to check key areas of the care provided and used their findings to drive through improvements in people's safety and care.

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

Rating at last inspection and update

The service was registered with us on 12 April 2022 and this is the first inspection.

Why we inspected

This was a planned comprehensive inspection to review the key questions, Safe, Effective, Caring, Responsive and Well-led and rate this service.

The inspection was prompted because the service has not had an inspection and a rating since it was first registered with us.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

MiHomecare - Queensbury

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection team consisted of one inspector and an 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.

Service and service type

MiHomecare - Queensbury is a domiciliary care agency registered to provide personal care to people in their own homes.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the CQC to manage the service. 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. At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service two working days' notice of the inspection because the service provides care to people in their own homes and we wanted to make sure that management were available on the day of the inspection site visit.

We visited the office location on 28 July 2022.

What we did before the inspection

We reviewed information we had received about the service since it was registered with the CQC. We took this into account when we inspected the service and made the judgements in this report. We used all of this

information to plan our inspection.

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

During the site visit we met and spoke with the registered manager, regional head of quality, human resources advisor and trainer. We reviewed a range of records relating to the management of the service which were held electronically.

We spoke with five people who received care from the agency and six relatives. We also spoke with nine care staff which included care workers and senior care workers. We looked at eight people's care records and multiple medication records as well as records relating to the management of the service and the safety and quality of people's care. We also looked at records showing us how staff were recruited and trained, and compliments received by the service. We reviewed quality assurance records, policies and procedures. We obtained feedback from one care professional.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of harm and abuse. Systems were in place to safeguard people from harm and abuse.
- The care people received was safe and met their needs. One person told us, "I do feel safe. I am very happy with them." One relative said, "[My relative] is definitely safe, yes. With this company I have never felt [my relative] was unsafe". Another relative told us, "Yes I do [[feel my relative is safe] the carers are really good and if I haven't been happy with them I have contacted the office and told them."
- Staff completed safeguarding training. Care workers we spoke with were able to describe their role in keeping people safe and the importance of sharing safeguarding concerns.

Assessing risk, safety monitoring and management

- Risk assessments were in place to help keep people safe. These covered areas such as the environment, falls, mobility and skin integrity and included information about the level of risk and details of how to minimise the risks. We noted that people who were diabetic had a diabetes fact sheet in their care plan which provided details about what to look out for and what action staff should take. However, person specific diabetes risk assessments were not in place. We raised this with the registered manager who confirmed that such risk assessments would be implemented.
- Information about risks was communicated with care workers through staff meetings, emails and messages so that they were kept up to date with people's needs. This was confirmed by care workers we spoke with.
- We received mixed reviews about care worker's punctuality. One person told us, "They are always on time." Another person said, "Some days they are ok, other days they are not." One relative told us, "My carers are diligent. They will call the office if they are going to be late". Another relative said, "Sometimes they are a bit late. Last week they did call a couple of times to say they were delayed." We fed this back to the registered manager who advised that visits were monitored daily and a minimum of 15 minutes was given to staff and this increased depending on the travel distance. They confirmed people and relatives were reminded of the 15 minute leeway but said they would reiterate this.
- An electronic homecare monitoring system was in place. This monitored care worker's timekeeping and punctuality in real time. The system would flag up if care workers had not logged a call to indicate they had arrived at the person's home and were running late. If this was the case, staff in the office would receive an automatic notification and the office would call care workers to ascertain why a call had not been logged and take necessary action if needed. We looked at a sample of records and noted that these visits were all on time.
- The management team reviewed call logs to ensure they had oversight over punctuality and attendance and used these to identify areas where they could make improvements.

Using medicines safely

- The service managed people's medicines safely. At the time of this inspection, the service assisted eight people with medicines support. People's medicine support needs were documented in their care plan.
- There was an electronic medicine recording and monitoring system in place. This enabled care workers to record medicines administration electronically. We looked at a sample of Medicine Administration Records (MAR) and found no unexplained gaps indicating that medicines had been administered as prescribed.
- Staff received training to administer medicines and had their competency checked.

Staffing and recruitment

- Policies and procedures were in place to ensure that care workers recruited were assessed as safe to work with adults.
- Recruitment systems ensured staff were appropriately recruited to support people to stay safe. Appropriate DBS and other recruitment checks were carried out as standard practice. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There were enough staff to safely and effectively meet people's needs and cover their agreed hours of support. Management confirmed that they would only take on further clients if they had sufficient care workers employed.

Preventing and controlling infection

- The service managed the control and prevention of infection well. Staff had completed training in infection control and followed policies and procedures which met current and relevant national guidance.
- Individual risk assessments for the safe management of COVID-19 were in place for both people and care workers.
- The service ensured care workers understood their role and responsibility for maintaining high standards of hygiene in their homes with the use of effective infection prevention techniques and appropriate PPE. Care workers told us they used Personal Protective Equipment (PPE) effectively and had access to an adequate supply.
- Management monitored care worker's compliance with infection control policies and procedures as part of their monitoring checks.

Learning lessons when things go wrong.

- A system was in place to report, record and monitor incidents and accidents to ensure people were supported safely.
- We noted there had been one incident since the service registered with the CQC in April 2022. This incident was recorded and included details of the nature of the incident/accident, immediate actions taken, the outcome and any follow up actions taken. However, there was a lack of information about lessons to be learnt following an incident/accident. We raised this with the registered manager who confirmed that such information would be documented.

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

This is the first inspection for this newly registered service. This key question has been rated as good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed. The service completed an initial assessment of people's needs, and a full assessment of the person's home, this formed the basis for care plans. The care and support provided to people was in line with evidence-based guidance and relevant legislation, to ensure consistency of good practice.
- A care plan was created following the assessment process. This included information about what care people needed. Care plans demonstrated that people's needs had been individually assessed. Details of people's needs, including their cultural, religious, dietary, and preferences were documented. Care workers used care plans to ensure they provided care and support in line with what people wanted. Care plans were reviewed and updated to reflect people's changing needs.
- People's care was based on current guidance and standards. The service had a set of policies, processes and procedures. These were based on relevant legislation, and standards and guidance from the government, and other national bodies.

Staff support: induction, training, skills and experience

- People received effective care because care workers were supported in their roles. The majority of people and relatives spoke positively about the skills and knowledge of care workers. One person told us, "Yes, I think they are very well trained." One relative said, "They have all been trained but some are more competent than others". Another said, "Some are better than others. The regular ones are very good but last week a couple came in who are not quite there yet." We raised this with the registered manager who confirmed care workers all carried out a comprehensive training programme and their training was reviewed during regular supervision sessions.
- Staff underwent an induction 'onboarding' programme when they started working for the service. This was for a period of 12 weeks and included regular meetings and follow-up checks with senior staff. The purpose of this was to support staff and ensure they were providing support appropriately.
- Staff were trained in various aspects of their roles and senior staff checked their understanding and application of their knowledge. Training records were in place so that senior staff could monitor this.
- Staff spoke positively about the training they received. One care worker told us, "The training was thorough." Another care worker said, "The training was fine. It was informative. [The trainer] was good."
- Staff received supervision which enabled them to discuss their concerns, progress at work and share their ideas for improvements.

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

- At the time of this inspection, the provider did not support people with food preparation. However,

people's support plans contained information about their dietary needs and preferences, should their needs change.

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

- People received the support they required for healthy living and to access healthcare services for their well-being. The service worked with people and their relatives where appropriate to help them manage their health concerns. One relative told us, "[Care worker] is really diligent and doesn't miss anything. That makes me feel confident."
- Detailed daily records of people's health and well-being were in place. Staff, people and their relatives where appropriate worked together to ensure people received effective care and support.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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 particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- The service was working within the principles of the MCA.
- People's capacity to consent to care and support had been assessed and recorded. For example, people had signed and consented to the care that was provided by the service when they started providing support.
- Care workers had received training in understanding the MCA legislation and its implications for people living in their own homes. Training records confirmed this.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were happy with the care and support they received. Feedback we obtained was positive. One person said, "The ones [care workers] who come here are very caring." Another person told us, "They [care workers] are very kind." One relative told us, "They appreciate they are in someone else's house so they do listen but when they are familiar with you they know what to do so sometimes don't need to ask." Another relative said, "They are kind and caring. I don't know what I would do without them."
- Wherever possible, people were provided with consistent staff who got to know them. This resulted in positive communication between people, relatives and staff and helped to ensure people received care that was personalised. One relative told us, "We can tell if [my relative] is agitated or confident with carers. With the carers [my relative] has now, she is very confident." Another relative said, "They are very friendly and have a good relationship with [my relative]." Another relative said, "They chat whilst doing their work – it is a good relationship."
- People and care workers were matched together based on their personality, interests and cultural needs. The registered manager explained that they ensured care workers were able to speak people's first or preferred language so that they could easily communicate with them and talk about cultural topics. One relative told us, "We asked specifically for Asian carers because [my relative], and even [my relative], understand them better when they speak in their natural language. We always do get who we asked for unless on the odd occasion they are off sick or on holiday."

Supporting people to express their views and be involved in making decisions about their care.

- Details of people's interests and important things in their life had been included in their care plans. Information documented was specific to each person.
- The management team obtained people's feedback to check whether they were satisfied with the level of care and support they received was continuing to meet their needs.
- People and those acting on their behalf were encouraged to express their views about the care and support from the initial assessment through to care reviews and telephone calls.

Respecting and promoting people's privacy, dignity and independence

- People were supported in a manner that enabled them to maintain their existing skills and to develop new ones to keep their independence as far as practicable. Care plans detailed tasks people could do on their own and the areas they required support.
- Staff supported people and encouraged them, where they were able, to be as independent as possible. This was confirmed by people we spoke with. One person told us, "I can't do a lot but they are very encouraging." Another relative said, "They encourage her to do what she can. They are very supportive." A

relative said, "It is a real tough job what the carers' do and we need to work together; client, carers and management."

- Care workers we spoke with were aware of the importance of dignity and privacy and knew ways to support people with dignity and respect. Feedback indicated that care workers were always respectful of people's privacy and dignity. One person told us, "Yes, they are very respectful." Another person said, "The carers treat me very well." A relative told us, "They are all very friendly. I have no issues with the carers."
- Staff knew how to uphold people's privacy and kept information about people confidential. They said they shared with others on a need to know basis as appropriate.
- Care records and files containing information about staff were held securely stored electronically. We observed in the office that computers were password protected to ensure only those authorised to do so could access them.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences.

- People received personalised care to meet their needs and wishes. Feedback indicated that care and support was tailored to meet people's individual needs.
- Care plans were person centred and focused on people's care, medical and social needs and how they wished to be supported. However, we noted that one person's care plan indicated they had a pressure sore. We queried this with the registered manager who advised that this person did not have a pressure sore and this was incorrectly documented in the care plan. The registered manager advised that this would be amended in the care plan so that the information was correct.
- Care workers told us management communicated with them about people's changing needs and support regularly. One care worker said, "I get the information I need. Communication is good. They always pass information to me. This is not an issue."
- Systems were in place to ensure any changes in people's care needs and planning arrangements were promptly communicated to staff, so people would continue to have the care they wanted.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed and included in their care plans which enabled staff to provide appropriate support to people.
- There was an AIS policy in place. The service was able to tailor information in accordance with people's individual needs and in different formats if needed. The registered manager confirmed that documents could be offered in bigger print or braille and could be translated.

Improving care quality in response to complaints or concerns

- Policies and processes were in place to support the service to respond to complaints which promoted openness, transparency, learning and improvements.
- Feedback we obtained indicated that people and relatives felt able to raise concerns with the service.
- One formal complaint had been documented since the service had registered. We noted that the service had investigated this complaint and responded appropriately.

End of life care and support

- At the time of the inspection no one was receiving end of life care from the service.

- Records showed that staff had received appropriate training as part of their induction. However, the registered manager explained that should care workers start to provide end of life care, they would receive a refresher training session prior to providing such care.

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The service aimed to promote a culture dedicated to person-centred care and support underpinned by values such as accountability, honesty, reliability and respect. However, there were mixed reviews from people and their relatives about the running of the service. When asked if they thought the service was well managed, one person told us, "I think so. I am extremely happy with my carers". Another person said, "If it was well managed the staff would not be turning over the number of times they do. There is definitely room for improvement." Another relative said, "Previously I didn't have a lot of confidence but now I am happier. If I have a problem, I feel confident it will be resolved." We raised this feedback with the registered manager and senior management who acknowledged that there had been changes in management over the last year. The registered manager said they were in the process of building a rapport with people and relatives.
- Care workers told us there had been a number of changes to management and this had caused uncertainty. One care worker told us, "The manager has changed. Things are not yet completely settled. The changes were unsettling but slowly the agency is getting there. Managers themselves have been fine but it is the changes which caused chaos. It has improved. The new manager seems good." Another care worker said, "We have had three managers over time and now we have another manager. Things have settled. It is not a perfect picture, but things have improved in the last few months. The support has improved and processes have got better." We raised the feedback from care workers with the registered manager and senior management. They acknowledged the feedback and said that they were working with care workers to improve the position. Senior management we spoke with confirmed that they would support the registered manager to build relationships with care workers.
- The feedback obtained indicated that there had been a lack of consistent management which led to instability over the last year. Whilst we noted that there was a registered manager in post at the time of the inspection who was eager to build a positive relationship with people, relatives and staff; this would take time to be embedded throughout the service.

We recommend the provider seeks advice and guidance from a reputable source, regarding the retention of key staff to provide consistency with management and leadership to people, relatives and staff.

- The registered manager and head of quality spoke about the plans for the service to expand and grow responsibility whilst ensuring they continued to have clear oversight of the running of the service. The service had systems in place to effectively manage the running and operation of the service should it expand.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- There were systems in place to ensure management had overall oversight over how the service operated. This included weekly and monthly checks and audits of MARs, punctuality, care planning, daily records, staff recruitment, training, accidents and incidents. We however noted that these checks did not identify the issues we found with regards to diabetes risk assessments and a care plan not including up to date information. We raised this with the registered manager who advised that the checks and audits would be reviewed.
- The head of quality also carried out audits looking at the overall running of the service. This was an additional level of checks which aimed to encourage and drive improvement. Data obtained from audits and checks was then analysed by senior management and discussed with the registered manager so that actions could be implemented where necessary.
- Management encouraged care workers to share feedback. Staff performance was monitored through regular one to one supervision and team meetings.
- Spot checks on staff were carried out to monitor how they were providing care, their timeliness and professionalism. Care workers we spoke with confirmed this.
- Staff received regular informative updates from management; this included up to date guidance on the COVID-19 pandemic.
- Policies and procedures were in place and updated when required to provide guidance to staff on how to deliver care appropriately.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood information sharing requirements, and knew that when concerns were raised, appropriate notifications should be sent to the CQC and the local authority.
- The majority of people and relatives we spoke with told us that they did not know who the registered manager was. We raised this with the registered manager who explained that they had recently become the manager and was still in the process of building a relationship and rapport with people and relatives.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People and their relatives were asked to provide feedback about the quality of service they received through regular meetings, telephone interviews, surveys and quality assurance checks.
- The registered manager responded by making the necessary changes which ensured people received support and care adapted to their individual needs.
- Where required, the service communicated and worked in partnership with external parties.