

MiHomecare Limited

MiHomecare Hammersmith and Fulham

Inspection report

Unit 2, Ground and First floors
Cambridge Court, 210 Shepherds Bush Road
London
W6 7NJ

Tel: 0331212401

Date of inspection visit:

24 June 2019

25 June 2019

27 June 2019

28 June 2019

03 July 2019

Date of publication:

31 July 2019

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 ●

Summary of findings

Overall summary

About the service:

Mihomecare Hammersmith and Fulham is a domiciliary care service which provides care at home services to people under contract to the London Borough of Hammersmith and Fulham. At the time of our inspection there were 383 people using the service.

The service was previously registered as part of Mihomecare Central London.

People's experience of using this service:

People told us their care workers were sometimes late but mostly arrived on time. Punctuality and use of electronic monitoring systems had improved and people were protected from missed calls.

People received the right support to eat and drink when needed. The service assessed the risks to people from health conditions and worked well with health services to make sure people's health needs were met. Concerns about people's wellbeing were reported promptly to the local authority.

Care workers had a good understanding of how to recognise abuse and were confident managers would take their concerns seriously. Risks to people's wellbeing were highlighted by established risk assessment procedures and there were plans in place to mitigate these. People received their medicines safely from care workers who had the right skills to do this.

Managers carried out regular checks on how care workers provided care and tested their skills and understanding. Care workers received the right training to carry out their roles.

People told us they were treated with dignity and respect by care workers and that their privacy was always respected. Managers carried out regular checks, phone calls and surveys to check people were happy with the service and made changes when people expressed concern or complained formally.

Managers had appropriate systems for monitoring and improving the service and communicating with care workers.

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 but were not always used effectively by staff.

We have made a recommendation about how the service checks that care is provided by two workers when required.

Rating at last inspection:

This was the first ratings inspection for this service. The service was previously part of Mihomecare Central

London, which was rated 'requires improvement' in March 2018.

Why we inspected:

This was a routine first ratings inspection. We brought this forward at the request of the provider and the local authority. This was because both parties felt the service had improved since it was reorganised.

Follow up:

The service was rated 'good'. We will continue to monitor information and intelligence we receive about the service until we return to visit as per our re-inspection guidelines. We may inspect sooner if any concerning information is received.

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

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?

Good ●

The service was well-led

Details are in our Well-Led findings below.

MiHomecare Hammersmith and Fulham

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:

The inspection was carried out by three inspectors and two Experts 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:

This service is a domiciliary care agency. It provides personal care to older adults living in their own homes. 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 provider two working days' notice of the inspection. We needed to let people using the service know that we would be in contact and be sure key members of staff would be available.

Inspection activity started on 24 June 2019 and ended on 28 June 2019.

What we did:

Before the inspection:

We did not ask the provider to complete a provider information return (PIR). This is a document which asks for certain information about the service, including what they think they are doing well and their plans to develop the service in future.

We reviewed information we held about the service, including notifications of serious incidents that the provider is required by law to tell us about.

We spoke with two contracts monitoring officers from the local authority.

During the inspection:

We spoke with the registered manager, quality assurance manager, a recruitment manager, eight care workers, a field care supervisor and an electronic call monitoring officer. We made calls to 19 people who used the service and nine relatives.

We reviewed a range of records. This included records of care and support for 23 people. We looked at records of recruitment and supervision for ten care workers. We reviewed records relating to the management of the service, including training, audit and records of complaints and incidents.

After the inspection:

We examined staffing rotas for eight care workers and reviewed electronic call monitoring data for ten people who used the service.

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 for this newly registered service. This key question has been rated 'good'. 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 abuse. Everyone using the service told us they felt safe when care workers visited. Comments included "I feel safe and I'm satisfied with it [the care]" and "[my family member] is definitely safe. They have acted well in emergencies."
- Care workers understood how to detect and report the signs of abuse. Staff received yearly safeguarding training and described how they would report abuse; all were confident their concerns would be taken seriously by managers.
- The provider reported potential safeguarding concerns to the local authority and took appropriate action to safeguard the person.

Assessing risk, safety monitoring and management

- Risks to people's safety were assessed. The provider had established systems for assessing risks in a range of areas including those from falls, skin integrity, choking and moving and handling. Care plans included a summary of what may present a high risk to the person and how these risks could be managed.
- The provider checked records to ensure risk management procedures were followed. Risk management plans included when care workers were required to check people had their pendant alarms available to call for help if needed, but this was not consistently recorded.
- The provider followed 'no reply' procedures to alert the local authority if people did not respond to care workers.

Staffing and recruitment

- We received mixed comments on the punctuality of care workers. Half of the people we spoke with told us there had been times when care workers arrived late. However, people told us most of the time care workers were on time.
- Overall punctuality for the service was good and had improved. 78% of calls had been carried out within 15 minutes of the planned time, and fewer than 3% of calls were more than an hour late.
- People were protected from missed calls. Electronic Call Monitoring (ECM) was used effectively to detect and follow up when care workers had not arrived as planned. Use of the ECM system had improved and remained high.
- Sometimes systems didn't detect when people failed to receive double up calls, where two care workers are allocated to a call. For a small number of calls care workers were not present at the same time. We found no evidence of harm to people, but the provider's system would not routinely detect this. We recommend the provider take advice from a reputable source on using ECM to ensure double handed calls are delivered as such.
- Staff were recruited safely. This included carrying out checks of identification, the right to work in the UK

and obtaining a full work history and references. The provider carried out checks with the Disclosure and Barring Service (DBS) before care workers started work. The DBS provides information on people's backgrounds, including convictions, to help employers make safer recruitment decisions.

Using medicines safely

- People's medicines needs were assessed and met. People told us they did not experience problems with their medicines support. The provider assessed the support people needed with their medicines and care workers recorded how this was carried out. Care workers used electronic recording systems to record the medicines people had been supported to take.
- Records were regularly audited by managers to make sure medicines had been given safely.
- The provider made sure care workers had the right skills to give medicines safely by providing yearly training and competency assessments. Managers checked that care workers followed good practice when administering medicines.

Preventing and controlling infection

- People told us that care workers used personal protective equipment (PPE). Care workers told us they always had access to equipment such as disposable gloves and aprons.
- Care workers received training in infection control. Supervisors checked people were using correct infection control procedures when they carried out spot checks.

Learning lessons when things go wrong

- There were systems in place for monitoring when incidents and accidents had occurred.
- A small number of medicines errors had occurred which had been detected and addressed appropriately. Medicines errors were reported to the local authority and action was taken to safeguard the person and to provide additional support for the care worker, including additional training and supervision when required.

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 '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

- The provider had effective systems for assessing people's needs and choices. This included collecting information on people's history and background, family and what was important to them.
- There were systems in place for identifying needs relating to personal care, mobility and nutritional needs. These were used to identify key outcomes for people's care.

Staff support: induction, training, skills and experience

- Care workers received the training they needed and feedback from staff reflected this. There was a detailed four-day induction in line with the care certificate. The care certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. New care workers shadowed more experienced staff before they started to work on their own.
- Care workers had yearly refresher training in key areas and told us they could get extra training if needed.
- Care workers had regular, unannounced checks of their competency, which included checking with the person whether they were happy with their care. A care worker told us "They will come randomly...they will tell you what you missed out and check you're aware of how to do it properly." Care workers also had twice yearly supervision meetings with their line manager.
- The provider carried out assessments of people's numeracy and literacy as part of the recruitment process, but these were not routinely marked, which meant they were of limited value.

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

- People were supported to eat and drink. People told us they always got support with meals when this was required.
- The provider assessed the support people required to eat and drink and plans recorded people's dietary preferences and their choices of hot and cold drinks.
- Care workers recorded in detail how they supported people to eat and drink. There was evidence of varied diets in line with people's preferences.

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

- The provider assessed the risks to people from long term health conditions. This included guidance for care workers on how to keep people safe, such as recognising the signs of the person becoming unwell.
- Plans indicated the roles other professionals had in people's care. This included the support from district nurses to monitor health conditions. The provider also sought referrals from other disciplines when required.

- The service had well established procedures for reporting concerns about people's wellbeing to the local authority.

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.

We checked whether the service was working within the principles of the MCA.

- There was an system for assessing people's capacity to make particular decisions. This included identifying the decision and conditions which would affect the person's ability to retain and understand information relating to these.
- Sometimes MCA processes were not followed effectively. For example, assessors sometimes assessed capacity even though capacity had already been assumed, or when there was no evidence of an impairment which may affect the person's ability to make decisions. There was no evidence of any impact from this, but this meant people could be wrongly thought to lack capacity in future.
- Where people were able to give verbal consent to care this was recorded and witnessed by a third party. Sometimes it was not clear whether a family member was witnessing verbal consent or acting in a legal capacity.

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'. 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 told us that their care workers treated them with respect. Comments included "They're trustworthy and honest and the continuity is kept. There's never been anything untoward", and "[My care worker] is a nice man and he'll do errands."
- People received support from the same care workers. Care workers told us they had regular people they supported, but would sometimes need to visit people they didn't know so well due to absences and emergencies. Some people told us they were less satisfied when it was not their regular care worker. One person told us "[My regular carers] get 10 out of 10, the rest get five or six."

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

- People were involved in planning their care and had discussed what outcomes were important to them. Care plans had been reviewed within the last year. The service assessed the support people required with cultural and religious needs and how people maintained contact with family and friends.
- People were supported to speak up. The service carried out regular quality monitoring visits and telephone calls to obtain people's views about the service and whether the person needed something to change. Managers acted on people's views.
- People's communication needs were assessed. Care plans contained information on people's communication needs and support people required due to changes in sight and hearing.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. Supervisors used regular spot checks and supervision to ensure that care workers understood how to treat people with dignity and were carrying this out in practice. People told us care workers protected their privacy and this was checked on regular quality assurance visits if they felt treated with dignity and respect.
- Care plans highlighted areas of care that people could do for themselves. For example, care workers were informed of the areas of a person's body they could wash for themselves and where they needed help.

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'. 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

- The service met people's needs. People told us that care workers did what they were supposed to do. Daily care records showed that care workers did what was required in care plans.
- People's care plans were reviewed regularly and when their needs changed. Review processes highlighted when people required more support hours and the service arranged this with the local authority.

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.

- The provider assessed people's communication needs and identified any changes to sight or hearing which might affect their communication.
- The provider told us they were able to provide care plans in a larger font if required. They could also provide these in braille if necessary, but we did not see any examples of people who needed this.

Improving care quality in response to complaints or concerns

- Complaints were responded to effectively. People told us the service responded well when they made complaints. Comments included, "I've had some difficult ones and the coordinator sorted it out. It's all 'sound as a pound' now!"
- Complaints were investigated by managers and appropriate action was taken. This included carrying out unannounced checks before and after visits when necessary to make sure care workers had done what was necessary. There was a fair approach to this. Managers apologised when things had gone wrong and told people what action they would take as a result; managers also defended care workers when they had evidence they were not at fault in line with their complaints policy.

End of life care and support

- The provider did not routinely provide end of life care and support. This was because people requiring this support were referred to other, specialist providers.
- The provider checked whether people had Do Not Attempt Resuscitation orders and this information was kept with care plans.

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 '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 with openness; and how the provider understands and acts on their duty of candour responsibility

- Managers had processes in place to respond to concerns and complaints, including to take disciplinary action against care workers if necessary. Managers had been transparent when there had been failings and had apologised when this had happened.
- Managers were open about where there had been failings overall performance of the branch in the past and what they had done to address this. The service had previously been operated as a single branch with a neighbouring borough which had been rated 'requires improvement'. There had been a detailed action plan which was followed to reorganise the branch and improve performance.
- Managers also celebrated good practice. Compliments about care workers were collected and displayed. A care worker had been nominated for a special award for supporting people with dementia.

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

- Team meetings were used to communicate with care workers. These were held multiple times to make it easier for staff to attend. Meetings were used to discuss management expectations and procedures and to give guidance to care workers on record keeping. Managers also discussed teamwork and bullying and gave examples and scenarios for care workers to discuss.
- The service was audited on many levels. Supervisors checked records of care and support and highlighted issues of concern. The branch manager carried out monthly audits of the branch's performance and an external audit was carried out by a quality assurance manager. These audits were consistent in their findings and demonstrated ongoing improvements to the service.
- Staff rosters were arranged so that care workers could get to their calls on time. We reviewed travel time for eight care workers and found that 89% of calls could be met on time given typical travel conditions. Care workers told us they had enough time to travel between calls.

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

- Some people felt it was hard to communicate with the office and that they had had bad experiences in the past doing this. The provider had also noted similar views from a survey. There was now a new team in place. Care workers told us there was an improved service from the office.
- People received regular phone calls from the office to check they were happy with the service. Managers collated this information to look for themes and took action to address the issues people were reporting.

- Managers sought the views of care workers through surveys and supervision and studied the findings.

Continuous learning and improving care; Working in partnership with others

- Care workers told us they had seen a noticeable improvement in the management of the service.

Comments included "Everything's improved, we're quite happy" and "Since the last inspection I have seen changes."

- The service was switching to electronic recording to identify any issues with people's care sooner. At present this meant that two systems were in place, but this had not impacted on the quality of recording.
- The provider had worked with the local authority to improve the service and change the registration of the branch. The local authority informed us that they were pleased with changes to the service.