MiHomecare Limited

MiHomecare - Clacton-on-Sea

Inspection report

2 Brunel Court
Brunel Road
Clacton on Sea
Essex
CO15 4LU
Tel: 0333 121 5901
Website: www.enara.co.uk

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

The inspection took place on 13 and 14 October 2015. MiHomecare – Clacton on Sea is a domiciliary care agency that provides personal care and domestic support to older people who live in their own homes. The organisation offers support to people living in Clacton-on-Sea and local surrounding areas. There are currently 140 people who use the service.

The service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission 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.

Summary of findings

There were systems in place which provided guidance for staff on how to safeguard the people who used the service from the potential risk of abuse. Staff understood the various types of abuse and knew who to report any concerns to.

There were procedures and processes in place to ensure the safety of the people who used the service. People were safe because staff understood their responsibilities in managing risk. Where people required assistance to take their medicines there were arrangements in place to provide this support safely.

There were sufficient numbers of care workers who were well supported to meet the needs of the people who used the service. Care workers had good relationships with people who used the service.

Staff received regular training relevant to their roles and responsibilities. They had the skills, knowledge and experience required to support people with their care and support needs. Where people required assistance with their dietary needs there were systems in place to provide this support safely.

People or their representatives, where appropriate, were involved in making decisions about their care and support. Care plans provided guidance for staff, had been tailored to the individual and contained information about how they communicated and their ability to make decisions.

Where care workers had identified concerns in people's wellbeing there were systems in place to contact health and social care professionals to make sure they received appropriate care and treatment.

Care workers understood their roles and responsibilities in providing safe and good quality care to the people who used the service.

A complaints procedure was in place. People's concerns and complaints were listened to, addressed in a timely manner and used to improve the service.

The service had a quality assurance system and shortfalls were addressed. As a result the quality of the service continued to improve.

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.

Staff understood their responsibilities to safeguard people from the risk of abuse.

Staff were only employed after all essential pre-employment checks had been satisfactorily completed.

Staffing levels were flexible and organised according to people's individual needs.

People were supported with their medication if required.

Good

Is the service effective?
The service was effective.

Staff had the skills and knowledge to meet people's needs and received regular training 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.

Where required, people were supported to maintain a healthy and balanced diet.

People were supported to access healthcare professionals when needed.

Good

Is the service caring?
The service was caring.

People were involved in making decisions about their care and the support they received.

Staff knew people well and what their preferred routines were. Staff showed compassion towards people.

Staff were respectful of people's privacy and treated people with dignity and respect.

Good

Is the service responsive?
The service was responsive.

People's care was individually assessed, planned, delivered and reviewed. Changes to their needs and preferences were identified and acted upon.

Staff supported people to access the community and this reduced the risk of people becoming socially isolated.

Appropriate systems were in place to manage complaints.

Good

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

The service provided an open culture. People were asked for their views about the service and their comments were listened to and acted upon.

Good

Summary of findings

The service had a quality assurance system and identified shortfalls were addressed promptly. As a result the quality of the service was continually improving. This helped to ensure that people received a good quality service.

MiHomecare - Clacton-on-Sea

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 took place on 13 and 14 October 2015 and was announced. We told the provider 48 hours before our visit that we would be coming. We did this to ensure the manager was available as they could be out of the office supporting staff or people who used the service.

The inspection was completed by one inspector and an expert by experience, who made telephone calls to people and staff following the inspection. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We reviewed the information we held about the service including safeguarding alerts and statutory notifications which related to the service. Statutory notifications include information about important events which the provider is required to send us by law.

On the day of the inspection we met the manager at their office. We also spoke with three members of staff, the regional manager and the quality and performance manager. We reviewed 14 care records, training records, eight staff recruitment and support files, audits and minutes of staff meetings. After the inspection visit we undertook phone calls to 16 people that used the service and four staff. We also spoke with health care professionals who were involved in the care provided to people who used the service.

Good

Is the service safe?

Our findings

People we spoke with confirmed that they felt safe with the staff. One person said, "I feel safe with the staff, they are all very good." And another person said, "I would say I felt safe but I do insist that any new carers are introduced to me and shadow my regular carer. I always ask them to show me their ID."

Staff told us that they had been provided with training in safeguarding people from abuse, which was confirmed in records. Staff understood their roles and responsibilities regarding safeguarding, including the different types of abuse and how to report concerns. Discussions with the staff and records showed that, where there had been concerns and safeguarding issues raised about the care provided, action was taken to reduce the risks of issues happening again.

People's care records included risk assessments and guidance for care staff on how these risks were minimised. These included risk assessments associated with moving and handling, medication administration and the safety in people's homes. People were involved in the planning of the risk assessments. The assessments also checked that people had smoke alarms fitted or care alarms if needed. When required the manager had made arrangements for people to have mobility assessments. Reviews of care with people and their representatives, where appropriate, were undertaken to ensure that these risk assessments were up to date and reflected people's needs.

There were also arrangements in place to help protect people from the risk of financial abuse. Staff, on occasions, undertook shopping for people who used the service. This was recorded in people's records and all receipts were kept.

Staff knew what to do if there was an accident or if people became unwell in their home. Staff told us, "If someone had an accident or was unwell we have procedures in place and we follow those and call an ambulance if required." Staff also said they would make family members aware or contact their GP, if they had concerns for a person's health. Staff had reporting procedures to follow which included talking to the manager and recording any concerns in the case notes.

There were sufficient staff employed to keep people safe. The manager ensured there were enough staff employed to meet people's needs. One person told us that they had used the service for some years and had received care from the same care staff. Most people said that staff arrived on time. One person said, "They come to me at 7am so don't need to alter this for any hospital appointments and when I have cancelled care to go on holiday I have always got my regular carer on my return." Another person told us, "If I need an early morning call for hospital for example they get someone to come earlier." And, "They are always on time unless there has been an emergency with the client before me and then they ring and let me know." Additionally a relative told us, If we do need to organise [relative's] care differently for example a hospital appointment they always meet our needs. Now in order to give me some respite [relative] goes to a day centre two days a week and the carers always arrive on time to get [relative] ready in time."

The manager focussed each member of staff's calls in one area, which made all the calls local to each other. Staff said they signed in and out of people's homes and that if they thought that they were going to be late for a call they would let the manager know, who in turn let the person know. Records and people confirmed this.

People were protected by the service's recruitment procedures which checked that staff were of good character and were able to care for the people who used the service. Recruitment records showed that the appropriate checks were made before care workers were allowed to work in the service.

People who needed support with their medicines told us that they were happy with the arrangements. One person said, "I assume they know what my medication is. They always write down in the book what they given me." A relative told us, "[Relative's] medication is in a dosset box so carers know how much is needed and when and how the tablets need to be given." People's records provided guidance to staff on the support people required with their medicines. Records showed that, where people required support, they were provided with their medicines when they needed them. The records were audited to check that they were appropriately completed. One person told us, "They sometimes help me by getting my prescriptions." The manager told us if required staff would drop off prescriptions and pick up medication for people to ensure they had the correct supply.

Good

Is the service effective?

Our findings

The majority of people and relatives told us that they felt that the staff had the skills and knowledge that they needed to meet people's needs. One person said, "I feel my regular carers are well trained to meet my needs, in fact they are very good." Another person told us, "My carers definitely know what they are doing." Additional comments from relatives included, "The regular carers we now get are really good, in fact the best we have ever had and always do as we asked, unlike the ones who come when the regular one is off. Some are not as organised as they should be." Another relative told us, "I am really happy with the carers and don't need to worry about [relative] as I know she is in good hands."

Staff told us that they were provided with the training that they needed to meet people's needs. This included an induction which consisted of formal training and shadowing more experienced staff members. There were systems in place to make sure that the training was regularly updated. This meant that the staff were provided with up to date information on how people's needs were to be met.

In addition to the formal training staff had one to one supervision meetings. This provided a forum for them to discuss their roles and responsibilities, dementia, safeguarding, what they should do in an emergency and the provider's policies and procedures. Staff told us that they felt supported in their role and were provided with one to one supervision meetings. This was confirmed in records which showed that they were provided with the opportunity to discuss the way that they were working and to receive feedback in their work practice. This told us that the systems in place provided staff with the support and guidance that they needed to meet people's needs effectively.

People's consent was sought before any care and treatment was provided and the staff acted upon their wishes. People told us that the staff asked for their consent before they provided any care. People's records included their capacity to make decisions and they had signed their records to show that they had consented to their planned care. One person said, "They ask me what help I required and I was satisfied with the outcome. In the year I have been with the agency they always log in and out and write up what they have done at each visit. They keep an eye on me and if I am not well they will call my GP." One person's relative commented, "I was involved in my [relative's] care plan meeting and felt I was listened to and that they had included everything I asked for. Staff do check in and write up what they have done."

Where people did not have the capacity to make their own decisions there was guidance on how decisions were made in people's best interests. Staff had training in and understood their responsibilities under the Mental Capacity Act (MCA) 2005 and what this meant in the ways that they cared for people. Staff were provided with further guidance on the MCA in the provider's policies and procedures. These also included guidance on how people's consent for care and treatment should always be sought.

People and their relatives told us that people were cared for by a regular group of staff to provide a consistent service. One person said, "I know all the carers that come to see me." And a relative told us, "[Relative] has never had a rude or nasty carer. One carer they have will bring them a TV Times paper for him so he knows what is on the TV, they also ensure [relative] has a drink and will put their dry clothes back into the wardrobe."

The manager told us that they tried to make sure that people were provided with a regular group of staff, who were known to them and that people were compatible with the staff. They provided us with the rota which was also held on a computerised system which confirmed what we had been told. People and their relatives told us that their care visits were generally always on time, but they were usually informed if their staff were running late.

Where people required assistance they were supported to eat and drink enough and maintain a balanced diet. One relative said, "By and large [relative] keeps pretty independent they always make sure they have a knife and fork at lunchtime and if they can't cut something up they will do it but otherwise they encourage [relative] to do it independently." Staff told us they knew what to do if someone had problems with swallowing their food and what they would do to try to assist the person. People's records identified people's requirements regarding their nutrition and hydration and the actions that staff should take if they were concerned that a person was at risk of malnutrition or dehydration. Where people were at risk of

Good

Is the service effective?

malnutrition we saw that staff were provided with the information that they needed to make sure that people were provided with a healthy and balanced diet. Staff were provided with training in food hygiene.

People were supported to maintain good health and have access to healthcare services. One relative said, "If they are worried about [relative] they phone the office and they will call me or they call the GP and then inform me. We can't praise them enough." Another person told us, "When I am unwell staff ask me if I want to see the doctor."

Staff understood what actions they were required to take when they were concerned about people's wellbeing. Records showed that where concerns in people's wellbeing were identified health professionals were contacted with the consent of people. When treatment or feedback had been received this was reflected in people's care records to ensure that other professionals' guidance and advice was followed to meet people's needs in a consistent manner.

Good

Is the service caring?

Our findings

People told us that the staff always treated them with respect and kindness and were very complimentary of the support they received from staff and how caring the staff were. One person said, “I have good rapport with my carers. They chat to me and I can have a laugh with them.” A relative told us, Not only do they talk to my [relative] and have a laugh and a joke; they do the same with me. I feel we have a great rapport with our regular carers.”

The service made sure that people were happy with the staff that delivered their care. All staff were introduced to the person; they then worked alongside the manager or deputy whilst they developed their relationship with the person. People confirmed with us that they always had the same regular care staff at the same time of day. This meant people were receiving consistent care from the same staff.

Staff understood why it was important to interact with people in a caring manner, and how they respected people’s privacy and dignity. Staff knew about people’s individual needs and preferences and spoke about people in a caring and compassionate way. People’s care records also identified their specific needs and how they were met. The plans provided staff with information about the individual and relevant things they could talk about when providing care. People were actively involved in decisions about their care and treatment and their views were taken into account.

People told us that they felt that the staff listened to what they said and acted upon their comments. One person said, “I was involved in my plan and I knew what I wanted, they did listen to me. I now have ready meals delivered as I am losing my eye sight hence needing the carer to do my medication. I like everything to be neat and tidy and feel sometimes the staff could be better, but I have only been with company for a few months. They will do things I want them doing and in the way I want them done.” Another person said, “They ask you how you would like something done and make sure you are happy with things before they leave.” Records showed that people and, where appropriate and their relatives had been involved in their care planning and they had signed documents to show that they had agreed with the contents. Reviews were undertaken and where people’s needs or preferences had changed these were reflected in their records. This told us that people’s comments were listened to and respected.

People told us that the care workers promoted and respected their independence. One person said, “I do wash the parts I can reach and they do the rest. They carry a stool into the bathroom so they can help me with my feet. They never do anything without asking me first.” People’s records provided guidance to staff on the areas of care that they could attend to independently and how this should be promoted and respected. People were always treated with dignity and respect. The service ensured staff were trained properly and knew how to show dignity and respect to people.

Good

Is the service responsive?

Our findings

People received care that was individual to them and personalised to their needs. We were told the manager met with people to complete a full assessment of their needs and to see if these could be met by the service. During this meeting the manager gained the information needed to understand people's personal histories, their preferences for care and how they wanted to be supported. People told us, "I am satisfied with the service provided." And I have contacted the office regularly and they have now got to know us. They are always polite and listen to what I have to say. They do their best to resolve any issues." Additional comments from a relative said, "I have phoned the office whenever there has been a problem and whatever I have asked them to do has been done. I feel I have good communication between myself and the office. When I phone they do listen and deal with the issues."

People's care records provided guidance to staff on people's preferences regarding how their care was delivered. This included information about people, their history and experiences, such as their preferred form of address, their hobbies and interests, their former occupations and the names of their pets where relevant. Where people required social interaction to reduce their feelings of isolation, this was also included in their care plans. The manager discussed people's care needs with them so that they could develop a care plan that was tailored to their needs. This care plan would then be reviewed regularly depending on the care package delivered. The manager held a more in depth review with the person every three to six months, to ensure their needs were still being met. When appropriate, staff supported people to have other professionals involved in their care who could act as advocates, such as social workers.

Staff told us that the care plans provided them with the information that they needed to support people in the way that they preferred. People's care records included care plans which guided care workers in the care that people required and preferred to meet their needs. These included people's diverse needs, such as how they communicated and mobilised. The agency had recently held a coffee morning which was themed to celebrate diversity, in support of Macmillan. They had themed it so people and staff could just drop in for a coffee and a chat. This was well supported.

Care review meetings were held which included people and their relatives, where appropriate. These provided people with a forum to share their views about their care and raise concerns or changes. Comments received from people in their care reviews were incorporated into their care plans where their preferences and needs had changed. People and relatives knew about their care plans and when the care reviews were planned. Changes or concerns were reported by staff to the service's senior team and care reviews were brought forward if needed.

People told us that they knew how to make a complaint and that concerns were listened to and addressed. People were provided with information about how they could raise complaints in information left in their homes. The manager regularly gathered people's views on the service by visiting them, sending out surveys or by talking to them on the telephone. People told us they did not have any complaints about the service they received but all said, if they did, they would speak with the manager. Staff knew how to support people in making a complaint should they wish to make one. The manager provided people with contact numbers to call if they were concerned about their care and these included the local authority and the CQC. One person said, "I have made a complaint in the past as I had an awful carer and they didn't send her again." Another person told us, "I have phoned once or twice when carer was a bit late and I was worried. I got through right away and they were very polite." Records showed that people's concerns and complaints were investigated, addressed and responses were sent to the complainants. The outcomes to the complaints investigations were then used to improve the service and reduce the risks of the same or similar incidences happening again.

Good

Is the service well-led?

Our findings

People told us that they felt that the service was well run and that they knew who to contact if they needed to. They told us that their views about the service were sought. One person said, "I do know the manager and they will contact me if needed. I think the office is well led." Another person said, "All the staff are good workers, and the office staff you speak to are very good."

The service had a registered manager. People were complimentary about the manager of the service. Because the first point of contact, were the office staff, a number of people told us they were not familiar with the manager. One person told us, "I am not sure of the manager's name but I do think the agency is well led." Another person told us, "I have never had contact with any manager so I don't know them. I am though satisfied and grateful for what I get." A healthcare professional was very complimentary of the way the service was run and said, "I feel communication is good and the staff are good at their jobs." One relative also told us, "Although I don't know the manager or their name I do think the agency is well run. It is far better than any of the other agencies we have had."

The service promoted an inclusive and person-centred culture. People benefitted from a good staff team that worked well together. Staff told us, "I love working for this agency." And, "I have been with the agency over five years and seen a few changes. It is the best it has been since I started with them." Staff shared the same vision of the service, to support people in their own home, to make their lives as good as possible, to promote their independence and enable them to live a fulfilled life. The manager told us that from 1st October 2015 they had been chosen to be part of the pilot for a new initiative in domiciliary care agencies (DCA). The initiative was called 'My Homelife' and has previously only been used in care homes. It is centred upon being a voice for people who used the service. My Home Life is a UK-wide initiative that promotes quality of life and delivers positive change in care homes, and now DCA's for older people.

People were asked for their views about the service and these were valued, listened to and used to drive improvements in the service. Records showed that a quality survey was undertaken at the end of 2014 and additionally the regional manager carried out formal monthly branch visits and six monthly internal audits. The regional manager told us that the next quality survey was in process. The questionnaires for these were to be sent out to people who used the service and used to make improvements.

Staff told us that they felt valued and were supported in their role. They were committed to providing a good quality service and were aware of the aims of the service. They told us that they could speak with the registered manager or senior staff when they needed to and felt that their comments were listened to. One staff member told us' "I think we are well led. We are listening more to clients and trying harder to meet clients' needs. We seem to flow better and we are happier which is better for the clients."

Records showed that staff meetings were held which updated them on any changes in the service and where they could discuss the service provided and any concerns they had. Records also showed that spot checks were undertaken on staff. These included observing them when they were caring for people to check that they were providing a good quality service. Where shortfalls were noted a follow up one to one supervision meeting was completed to speak with the staff member and to plan how improvements were to be made such as further training. This was confirmed by staff we spoke with.

Discussions with the registered manager and records showed that the service had systems in place to identify where improvements were needed and took action to implement them. The manager told us that they were continually seeking ways to improve the service and took all incidents and complaints seriously and used these to improve the service. They also told us they supported the staff employed; in their roles and that they felt that they were supported by senior management and the provider.

There were quality assurance systems in place which enabled the registered manager to identify and address shortfalls. Records showed that checks and audits were undertaken on records, including medication and its administration, people's daily records, complaints and incidents. Where shortfalls were identified action was undertaken to introduce changes to minimise the risks of similar issues recurring. This meant that the service continued to improve.