MiHomecare Limited

MiHomecare - Ramsgate

Inspection report

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Date of inspection visit:
25 November 2016
29 November 2016

Date of publication:
18 January 2017

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on 25 and 29 November 2016 and was announced. This meant we gave the provider 48 hours' notice of our intended inspection so that appropriate staff and managers would be available to facilitate our inspection. MiHomcare Ramsgate is a domiciliary care service which provides personal care and support to people in their own homes. The service was supporting people with various needs including people with age related fragility and people who lived with dementia.

The registered manager had recently left the service and had not yet submitted their application to deregister. The service was being supported by the regional manager and a new manager had recently been appointed and was in the process of registering with CQC. 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 and associated Regulations about how the service is run.

People and their relatives were positive about the approach of staff. People told us they were supported by staff who were kind and compassionate. Staff understood their responsibility to protect people from harm and abuse. They had been trained to recognise and report safeguarding concerns. However some staff had not received refresher training in safeguarding, the regional manager had identified this and was in the process of addressing this as part of the action improvement plan. Systems were in place to ensure people were safeguarded from abuse.

People's support was varied and tailored to their needs. People's care plans gave staff basic but adequate information about their preferences and how they wished to be supported. However care plans were not personalised and risk assessments contained mainly tick box answers, again with little personal information to inform staff. People's risks were assessed and monitored. However these were being reviewed as part of the action improvement plan to make them more personalised and specific. Consent was obtained from people before support was provided.

People were encouraged and supported to have control of their lives and make decisions about the care they received. Arrangements were in place to help to make sure people received their medicines appropriately and safely. Audits had been reintroduced recently as the management team had identified gaps in this area. People's care plans showed relevant health and social care professionals were involved

with people's care when required.

People were supported by appropriate numbers of staff who mostly arrived on time. Staff stayed for the allocated time to deliver the care and support people required. Systems such as spot checks were in place to monitor the time keeping and the competencies of staff. Effective recruitment systems were in place to help ensure people were supported by staff who were of good character and were suitable to work in people's individual homes.

Staff received training and refresher training. However this was under review at the time of our inspection as management had identified gaps in staff training. Systems were in place to monitor and check the training and skills of staff. Staff's abilities and care practices were observed. Most staff had been provided with an appropriate level of training or support to be able to meet the needs of the people in their care; however some staff had not received update training in some subjects. This was being addressed by the new manager at the service. Staff received some supervision although this was irregular. Again this had been identified by the management and plans were in place to address this as part of the action improvement plan.

People were supported to plan and prepare their meals when required. In many cases family members supported people by providing meals and drinks depending on peoples assessed needs and what was included in their care plan.

Monitoring systems were in place to ensure the service was operating effectively and safely. Any identified shortfalls had been acted on, and a robust improvement plan was in place and was being kept under regular review. People's opinions were listened to. There were opportunities for people to raise concerns. Complaints were investigated and acted on by the manager.

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 not consistently safe.

Risks were assessed but there was not always sufficient and specific guidance for staff about how to keep people safe.

The recruitment process in place was under review as the process was inconsistent. There were sufficient staff employed to meet people's needs.

Most of the staff knew what to do to make sure people were safeguarded from abuse.

Medicines were managed safely. Audits had recently been reintroduced to monitor the safe administration of medicines.

Is the service effective?

Requires Improvement

The service was not consistently effective.

Staff did not receive regular support to help identify staff's learning and development needs.

Staff obtained people's consent and were aware of MCA Principles.

People were supported to have a healthy and nutritious diet and to drink sufficient amounts to maintain their health.

People were supported to maintain good health. Staff worked with health care professionals, such as district nurses, to manage and improve any health concerns.

Is the service caring?

Good

The service was caring.

People were treated with dignity and respect and staff were kind, caring and respectful.

People were supported to maintain their independence where

possible, and were involved in the development and review of their care as much as they were able.

People told us they felt listened to and that staff acted on what they told them.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

Care plans and risk assessments did not always give staff sufficient information and were not personalised.

Care plans had not been consistently reviewed and updated to make sure people received the care and support that they needed.

There was a robust complaints process in place and people knew how to complain if they needed to.

People were asked for feedback and felt they were listened to when they raised concerns.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

There was no registered manager in post.

There were mixed views about whether the organisation was well led.

The audits and systems in place to monitor the quality of care people received had not always been effective.

The staff understood their roles and responsibilities.

The manager and regional manager had plans in place to address some of the issues we identified at our inspection.

The managers and staff were open honest and committed to making the required improvements.

MiHomecare - Ramsgate

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2014 and to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We undertook a comprehensive inspection of MiHomecare on 25 and 29 November 2016. We gave the provider 48 hours' notice of the inspection to ensure the manager and any key staff members would be available to facilitate the inspection. Before our inspection we reviewed information we held about the service including the provider information return, statutory notifications and any other information we held about the service. Statutory notifications include information about important events which the provider is required to send us.

The inspection was undertaken by one inspector and three experts by experience. An expert by experience is a person who has experience of this type of service and who contacted people who used the service and staff to obtain feedback about their experiences of the service.

During the inspection we spoke with 22 people who used the service and or their relatives, we spoke with five care staff the manager and regional manager and one member of the office staff team. We also received feedback from professionals involved in supporting people who used the service. We viewed four people's support plans, two staff recruitment files and other records relating to the overall management of the service.

Good

Our findings

We found that risk assessments were not always detailed enough to inform staff how to care for people safely. For example we reviewed three risk assessments and found that many of the answers contained only a tick box answer. One related to a person's mobility which did not specify how staff were required to support them whilst using a piece of equipment. In the case of another the risk assessment of the person's medicines contained only basic information.

We saw that environmental risks had been identified but there was no clear guidance on how to mitigate the risks. The management had identified that risk assessments needed to be reviewed and contain more detailed information to assist staff to support people safely. People were supported in accordance with their risk assessments. Staff reported any changes in the level of risk to the office staff who would arrange to reassess the person.

We found that recruitment files were inconsistent in terms of the information contained in them and this was being reviewed as part of the action improvement plan. Documents were being reviewed to streamline the process. Staff recruitment records showed that relevant checks had been completed before staff worked unsupervised. These included taking up employment references and Disclosure and Barring Service checks (DBS). Where there had been any discrepancies or gaps in staff's employment history, this had been discussed at interview but was not always recorded. New staff had an opportunity to shadow more experienced staff until they had been assessed as being competent to work in an unsupervised capacity. The regional manager told us that they tried to provide consistency by introducing a small group of care staff to people to enable people to feel confident with the staff who supported them.

Overall people were provided with care and support safely. One person told us "I most certainly do feel safe. They make such a difference to my life, they are wonderful people". Another person told us "Overall yes, but it takes a while to learn how things are and to get used to things". One or two are really brilliant". Almost all the people we spoke with told us they trusted the staff who supported them. One person said, "I have never had a concern they keep you safe. I trust them." People described staff as kind and told us they felt safe being supported by staff. Relatives also complimented the staff approach. One relative explained to us how important it was for them to know that their loved one was in 'safe hands' when being supported with their personal care.

People were protected from abuse because the staff had been provided with training on how to recognise abuse and how to report allegations of abuse. Staff were clear about the actions they would take if they

suspected a person was at risk of harm. Staff explained when and where they would report their concerns and knew how to find the contact details of external safeguarding organisations. One staff member told us, "If I had any concerns about any of my service users I would ring the office and speak to a manager". There was a whistle blowing policy in place and staff told us if they felt their concerns were not being taken seriously they would elevate them. However the staff spoken with were confident the manager would act immediately if concerns were brought to their attention.

There was a no reply process in place to help keep people safe and staff told us they reported to their managers if people were not in when expected or did not answer their front door. Staff and the managers assured us that they always investigated and located the person to ensure they were safe. All staff had access to the provider's lone working policy which provided them with guidance to safeguard their own safety when working alone.

The staffing levels were determined by the needs of people, and we found there were sufficient numbers of staff employed at the service to meet people's needs safely. Staff who supported people in their own homes were given a weekly rota which provided them with people's details and their allocated visit times. We looked at the rotas for two staff members. Staff had been assigned travel time between their visits. Most staff felt the travel times were not long enough to enable then to travel in between service users especially during rush hour. This was confirmed by people we spoke with many of whom told us that staff were often late arriving. One staff member said, "The travel times are not too bad, it can be difficult with the road works, but if we are running late we try to let people know or ask the office to inform people."

The service had an electric call monitoring system which helped to monitor staff visit times and ensured people were receiving their full allocated support hours. An on-call and out of hours system was available for all staff in the evenings and at weekends if they needed advice or there was an emergency. People could also call the branch number if their care worker failed to arrive for example and they would be assisted in the event of an emergency.

People's medicines were managed safely. One person told us "Yes they will assist me and fill in the chart". Another person told us, "They (Staff) prompt me and make sure I take my medicines". Individual arrangements were in place to make sure each person received their medicines appropriately and that their medicines were stored safely. Staff had been trained to manage people's medicines. Monitoring arrangements, competency checks and audits were regularly carried out to help ensure that staff were knowledgeable in the management and administration of people's medicines.

The management had notified the appropriate agencies and CQC when incidents of concerns had been raised. They had worked openly and cooperatively with other agencies. Incidents had been investigated and staff had implemented actions to help reduce the risk of the incidents reoccurring.

Requires Improvement

Our findings

People were supported by staff that had received some training to enable them to carry out their role effectively. Some of the staff training was overdue and this was being addressed through the action improvement plan that was in place. Staff support and supervision was inconsistent and this meant that staff did not always receive the support they needed for example to discuss their training and development needs, and to discuss the people they supported.

New staff had attended an induction training programme and staff were also working towards completing the care certificate. Staff also shadowed experienced colleagues following their induction which helped them to understand people's care needs. Staff were positive about the training they received and told us they felt competent to carry out their role.

Staff training provided included topics such as safeguarding, moving and handling, and the safe administration of medicines. They could also access specialist training such as the care of people with who live with dementia. Systems had recently been implemented to monitor the training requirements of staff. This was an area that had been identified as needing to be developed to ensure it was more effective. They also told us they would be reviewing the skills and competencies of staff to ensure people received safe and effective care. Staff spoken with were able to demonstrate they had adequate skills to support people effectively.

The manager assured us that they would be implementing a more robust support structure which would develop staff support arrangements. We were also assured that plans to improve the staff supervision meetings were being introduced. This would ensure any shortfall in their practices were addressed.

People were asked to consent to their care and support and were involved in making decisions about their life. The service worked within the principles of the Mental Capacity Act 2005 (MCA). 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.

People told us they had contributed towards the planning of their care. Staff had supported them by providing them with options and helping them to make choices about their day and respected their decisions. Staff gave us examples of how they provided people with choices for example about what times

they want their visits provided and how they preferred their support to be delivered.

When required people were supported by staff to plan, order and prepare their meals depending on their abilities and levels of independence. Staff knew people well and knew their preferences and choices in their meals. Staff told us if they had any concerns in relation to people's food and fluid intake they would report this to the office who would follow up with a relevant health care professional such as a dietician.

Staff supported people to access appropriated health care professionals when required to ensure their health and well-being was maintained. People's health care needs were monitored by staff and any changes or concerns reported to the office. Staff supported people with attending appointments such as to dentists or chiropodist or appointment relevant to their health needs.

Good

Our findings

People told us the staff who supported them were kind and caring. During our inspection we spoke with people and their relatives by telephone to obtain feedback about the service they received. Everyone we spoke with was extremely complimentary about the staff. They told us staff were caring and treated them with dignity and respect. Relatives also confirmed this to be the case.

People told us they had a good relationship with the staff who supported them. We received comments such as, "They all do over and above, they should have a gold star, they are all different and each has their own way of showing it". Another person said, "They are super, they really are, I don't know what I would do without them".
One relative told us how they had seen an improvement in a person's well-being since being supported by the service. Another relative told us they felt that staff knew their relative well and provided them with the level of support they needed while making them feel comfortable and without making them anxious.

People were positive about the care they received. One person said, "I am very happy. The girls (staff) are polite, efficient and they treat me as a person. Everything's good." We received other comments about the service such as, "Its reciprocal - if you treat them with respect they treat you the same".

Staff spoke about people in a respectful way. They were kind and caring in the way they responded to our questions. They demonstrated that they understood the meaning of how to support people with dignity. One staff member said, "All people are different, their needs and choices are different. We respect that and also give them the privacy they need. We should never assume." Another staff member said, "I always treat people how I would like to be treated myself".

People told us how staff considered their privacy while supporting them with personal care. One person told us, "The manner in which they speak to me, and by closing doors, and curtains". Another person told us, "Yes - they close doors and cover me and don't discuss other people in front of me".

People told us that staff encouraged and supported them to retain and improve in their levels of independence. We were given examples of how staff had supported people to improve their confidence and increase their levels of independence in activities of daily living. One person's strength and confidence had improved with the support of staff and now only required the support of one staff member instead of two. People were asked to contribute to the development and review of their care plan where appropriate. One person told us, "Yes. I had a review just three weeks ago. It has been updated regularly as needed-yes totally

(reflects my needs) in every way". Another person said, "Yes I had my review but it has to be printed out by the office- It was updated on Tuesday.

Requires Improvement

Our findings

People were not always supported in a personalised way and care plans and risk assessments did not always give staff sufficient information to provide consistently responsive care and support.

The management team had plans to review and develop care plans to make them more person centred. They were also going to include a personal profile document 'All about me' which provided staff with detailed information about people's family and social history as well as their preferences, likes and dislikes. The recording of people's care needs, preferred routines and support requirements had significantly improved. People had been continually consulted about the support they wished to receive. One person said, "I feel consulted and asked questions. They're responsive to your needs. They know your preferences."

Details of people's levels of independence helped staff to understand their role while supporting people. Staff felt the information in people's care plans provided them with the guidance they needed to support people, but agreed that they needed to be more detailed and personalised. One staff member said, "The care plans are ok but could be better if we had more personal information, it would help us to know more about people's whole lives". People's care plans were being reviewed and updated as part of the action improvement plan. People and their relatives told us they were consulted and involved in the review of people's care needs. One relative said, "We have reviews of (person's) care with the manager every so often." Another relative said, "They always ask my (relative) how she wants things done and they check with me as well."

The managers were working hard to reassess and review all care plans to ensure that staff could meet people's current support needs. People and their relatives were involved in the decision to receive support with their personal care. People who lived in their own homes were given time to consider their options in relation to receiving support with their personal care. Where possible, people were matched with suitable staff members. One staff member said, "It's important that we have a good rapport with our service users so if there is a connection such as liking pets then the office staff try and match us up."

People told us the staff used their initiative and responded when people's needs changed. A relative explained how the service was flexible and had taken initiative when their relative had been discharged after a short stay in hospital. They said, "We were able to get things up and running again very smoothly." The manager gave us examples how they had changed or increased their visit times around people's other commitments such as attending appointments. For example, staff had responded by providing extra support when people's needs had changed such as requiring more support with mobility, use of equipment

or managing their medicines. The service had acted promptly when a person's condition had deteriorated and an immediate increase in their care package was put in place.

There was a complaints process in place, and we saw that people's day to day concerns and complaints were encouraged, explored and responded to in good time. The managers had acted on any concerns raised with them. For example, in relation to late visits, and changing the care workers without being informed. We saw that the service had also received many compliments including compliments from people who used the service and their relatives.

Requires Improvement

Our findings

The registered manager had resigned recently and the service was being supported by the regional manager. A new manager had been appointed and had commenced working at the service on the week of our inspection. They were in the process of registering with the Care Quality Commission. The regional manager told us that they had recognised that there were some shortfalls in the service and shared an action improvement plan which demonstrated they had identified many of the shortfalls we found during our inspection.

People's care records were being reviewed by staff as part of the action improvement plan. The results had identified a number of issues in relation to record keeping and completion of daily records which care staff are required to complete in people's homes. As a result of the findings staff had been given additional training to make sure their record keeping was consistent, appropriate and the language used was correct. This helped to demonstrate how improvements were being made.
The manager along with the regional manager were in the process of reviewing all aspects of the service and had a detailed action improvement plan in place with realistic timeframes to make the required improvements. This was being kept under regular review with updates.

Staff told us they felt supported by the manager. The manager although new to the service was very aware of the shortfalls in the service and was working with office staff to prioritise improvements. Staff told us the managers and senior staff were always available to support them. Staff often visited the office to speak to the managers and or collect information. It was clear from our observations and feedback that staff felt valued by the managers and senior staff.

The service valued and acted on people's feedback about the care and support they received. We saw a survey had been completed by people who used the service to obtain their feedback and views. Records showed the results had been analysed and were mainly positive. Any negative comments and shortfalls had been addressed through an action plan. A current survey was about to commence and the managers told us they would use the information to make any required improvements.

There were audits in place which included checking documentation such as their care records and the management of people's medicines and completed medicine administration records (MAR).

Notifications were submitted to CQC as required to inform us about accidents, incidents or events which affect the day to day running of the service.

The management team were open and honest and had a clear strategy to make the required improvements. The action improvement plan included quality monitoring and a review of records systems and processes. The action plan was being kept under regular review to make sure the actions were being addressed, were meeting the requirements of the service and was working towards compliance and continual improvements.

We saw that office staff worked in an inclusive way and supported each other. There was evidence of good team work and a supportive network, and all staff were committed to making the required improvements.