MiHomecare Limited

MiHomecare - Woodingdean

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

he inspection took place on 20 March 2017 and was announced.

MiHomecare – Woodingdean is a domiciliary care service based in Brighton and is part of a large corporate provider, MiHomecare. The service supports adults and people who are living with dementia or other conditions, to enable them to continue living in their own homes. Some people privately funded their care whilst others had their care funded by the local authority. At the time of the inspection 126 people were using the service, 120 of those were in receipt of the regulated activity of personal care.

The service had 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.

We carried out an announced comprehensive inspection on 16 March 2015. A breach of legal requirements was found and the service received a rating of requires improvement. We found inconsistencies in the systems in place to manage, monitor and improve the care and support provided to people, this included significant concerns in relation to on-going incidents of late and missed calls. Following the inspection the provider wrote to us to say what they would do in relation to the concerns found. On 25 July 2016 we carried out another announced, comprehensive inspection to check that they had followed their plan and to confirm that they were meeting legal requirements. At that inspection there was a continuing breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, with regard to the monitoring, management and improvement of missed and late calls which were found to be frequent and on-going. We found breaches of legal requirements and the service received a rating of requires improvement. Another announced, comprehensive inspection took place on 20 March 2017, it was evident that improvements had been made and the provider was no longer in breach of the Regulations. However, there were areas of practice in need of further improvement and those that had been implemented were required to be sustained and embedded in practice.

Quality assurance processes had improved and there was more oversight of the systems and processes to ensure that people were receiving a service they had a right to expect. However, daily records and medicine records for people had not been audited in a timely manner to assure the registered manager that people were receiving their medicines and care on time and in accordance with their care plan and medication prescribing guidelines.

Improvements had been made since the previous inspection with regard to people being able to choose if they received care form a male or female member of staff. However, peoples' preferences had not always been respected due to staff sickness and at times people had received care from a male member of staff rather than their preferred female member of staff.

People told us that they felt safe. One person told us, "Oh yes I feel safe with them". Staff had received induction training and had access to on-going training to ensure their knowledge was current and that they had the relevant skills to meet peoples' needs. People were safeguarded from harm. Staff had received training in safeguarding adults at risk, they were aware of the policies and procedures in place in relation to safeguarding and knew how to raise concerns.
There were sufficient staff to meet peoples' needs and people told us that staff were kind and caring. One person told us, "The carers are very polite and kind. I can't speak highly enough of them, everyone has been so kind". People confirmed that they were treated with respect and dignity and their privacy maintained.

Risk assessments had been undertaken and were regularly reviewed. They considered peoples' physical and cognitive needs as well as hazards in the environment and provided guidance to staff in relation to how to support people safely. People were protected from cross infection. People told us that staff maintained infection control by wearing appropriate personal protective equipment and regular observations by the management team ensured that this was maintained. There were low incidences of accidents and incidents, those that had occurred had been recorded and were used to inform practice. People received their medicines on time, they were administered by staff that had undertaken relevant training and who had their competence assessed. People had access to relevant healthcare professionals to maintain good health. People were supported with their hydration and nutrition and were offered support according to their needs and preferences.

Staff had undertaken training which the registered manager considered essential as well as training that was specific to peoples' needs and conditions. People felt that the staff were well trained and felt confident that they had the right skills to meet their needs. One person told us, "They know their business". A relative told us, "The carers are very professional in how they go about things". People told us they were asked for their consent before being supported. For example, when being supported with their personal hygiene or to take medicine. The registered manager and staff understood that people should be supported to make their own decisions, and when people had difficulty with this, had involved the relevant people to ensure any decisions made were in the person's best interests.

People were involved in their care and decisions that related to this. People were asked their preferences when they first joined the service and these were respected and accommodated. There were detailed, comprehensive and person-centred care plans that documented peoples' needs and abilities. Regular reviews ensured that peoples' care was current and appropriate for their needs.

A complaints policy was in place and complaints that had been received had been dealt with appropriately and in accordance with the providers' policy. There was a friendly atmosphere within the service. People were complementary about the leadership and management. One member of staff told us, "I think so. The manager really listens. There's always support if you need it, especially out of hours". Another member of staff told us, "I think the manager is one of the best I've ever worked with. They're honest and friendly but firm with it. Nothing gets missed".

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.

There were effective systems in place to ensure that people were cared for by staff that were suitable to work in the sector. Staff were aware of how to recognise signs of abuse and knew the procedures to follow if there were concerns regarding a person's safety.

Risks to peoples' safety were assessed and appropriate action taken to ensure their safety.

People received their medicines on time, these were dispensed by staff that had undertaken relevant training and whose competence was assessed.

Is the service effective?

Good

The service was effective.

People were involved in day-to-day decisions that affected their care. The registered manager and staff had a good understanding of the legal requirements in relation to gaining consent for people who lacked capacity and had worked in accordance with this.

People were cared for by staff that had received training and had the skills to meet their needs. People had access to health care services to maintain their health and well-being.

People were able to choose what they had to eat and drink and were provided with support according to their needs.

Is the service caring?

Good

The service was caring.

People and relatives consistently commented on the kindness and caring nature of staff.

People were actively involved in the care that was provided to them. Staff had an awareness of peoples' individual needs and

independence was encouraged.

Peoples' privacy and dignity were promoted and maintained. There was consistent feedback regarding the respectful nature of staff.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

Peoples' preferences with regard to male or female staff were not always respected.

People received a personalised service that was centred on them. Changes in peoples' needs were recognised and appropriate actions taken.

Feedback from people and their relatives was welcomed and encouraged. Most people felt that their views and opinions were listened to and acted upon.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

Quality assurance processes monitored practice to ensure the delivery of high quality care and to drive improvement. However, these were not always completed in a timely manner.

People and staff were positive about the management and culture of the service.

People were treated as individuals, their opinions and wishes were taken into consideration in relation to the running of the service and the delivery of the care they received.

MiHomecare - Woodingdean

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 20 March 2017 and was announced. This meant that the provider and staff knew that we were coming. We did this, as the service is a domiciliary care agency and we wanted to ensure that appropriate staff were available to talk with us, and that people using the service were made aware that we may contact them to obtain their views. The inspection team consisted of two 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.

Before the inspection we asked the registered manager to complete a Provider Information Return (PIR). This is a form that asks the registered manager to give some key information about the service, what the service does well and improvements they planned to make. Before the inspection we checked the information that we held about the service and the service provider. We used this information to decide which areas to focus on during our inspection.

During our inspection we spoke with 18 people, six relatives, six members of staff, the quality and performance manager, the regional manager and the registered manager. We reviewed a range of records about peoples' care and how the service was managed. These included the care records for 15 people, medicine administration record (MAR) sheets, six staff training, support and employment records, quality assurance audits, incident reports and records relating to the management of the service.

The service was last inspection in July 2016 and received a rating of 'requires improvement'.

Good

Is the service safe?

Our findings

At the previous inspection on 25 July 2016, the provider was in breach of Regulations 12, 17 and 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because there were concerns with regard to people not receiving their medicines on time due to their care calls being late, insufficient pre-employment checks for staff to ensure that they were of suitable character to work within the sector and insufficient staffing that had led to a high use of agency staff. After the inspection, the provider informed us of what they would do to meet the legal requirements in relation to this regulation. At this inspection it was evident that improvements had been made and the provider was no longer in breach of the Regulations.

At the last inspection the provider had a contract with East Sussex County Council (ESCC) who had contracted care from them, the provider was providing care to people in Eastbourne and Seaford and had struggled to secure sufficient numbers of staff to be able to meet the care calls and peoples' needs. At the last inspection, due to the amount and frequency of late and missed calls, people had sometimes had to wait, unacceptable amounts of time for their time-specific prescribed medicines, such as diabetic medicines. This had affected peoples' well-being and meant that the provider had not ensured that people received their medicines on time to ensure their health, well-being and safety.

At the last inspection, due to the provider not having sufficient staff to meet peoples' needs in the East of the county, they had used a high level of agency staff. People told us that this meant that they did not receive consistent care as they were receiving support from staff that who unaware of their needs. The provider had recognised that they were unable to fulfil the contract due to the difficulties that they had faced recruiting staff and had taken the decision to hand-back the contract to ESCC to ensure that they had sufficient staff to meet peoples' needs. At this inspection, it was evident that improvements had been made.

The National Institute for Health and Care Excellence (NICE) Guidance for home care: delivering personal care and practical support to older people living in their own homes, state that visit times should allow home care workers enough time to talk to the person and their carer. That there should be sufficient travel time between appointments and ensure that the worker has enough time to do their job without being rushed or compromising the dignity or wellbeing of the person who uses the service. The registered manager had worked in accordance with this guidance. Records showed that the registered manager had liaised with people and the local authority, who in some cases funded peoples' care, to ensure people received appropriate length of calls to meet their needs. Travel time was taken into consideration as well as the geographical area that people lived in when allocating work to staff. The provider used an external organisation to monitor peoples' calls to ensure that there were no missed or late calls, in addition to this the registered manager undertook regular checks of the computerised system that monitored peoples' calls to ensure that people were receiving their care calls on time and that no calls had been missed. Each member of staff was required to 'log-in' to a person's house, either by calling the external organisation to register that they had arrived or were leaving the person's home, or by entering in a code to an electronic system that was in place within the person's home. On some occasions staff had not registered their arrival or departure and observations showed that the registered manager and office staff took immediate action

to check that people had received calls. Staff were contacted to clarify and confirm if a person had received a call and the time of calls was then entered onto the electronic system so that the correct information was held. Due to the provider handing back the ESCC contact and therefore reducing the amount of calls and the geographical area of the calls, this had had a positive impact on the level of staffing and meant that there were sufficient staff to ensure that peoples' calls were covered and people received their medicines on time.

At the last inspection records showed that the provider had not assured themselves that all of the staff that they had employed were of suitable character to work in the health and social care sector. They had failed to undertake the necessary checks to ensure that staff were suitable to work with vulnerable groups of people. At this inspection, it was evident that improvements had been made. People were cared for by staff that had undertaken the relevant checks to ensure they were safe to work within the health and social care sector. Prior to their employment commencing, staffs' employment history and references from previous employers were gained. Appropriate checks with the Disclosure and Barring Service (DBS) were also undertaken. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with vulnerable groups of people. This ensured that people were protected against the risk of unsuitable staff being recruited.

People and relatives told us that people received a good service that made them feel safe. One person told us, "I feel very safe with them". People were supported by staff that had undertaken safeguarding adults at risk training which was updated regularly. One member of staff told us, "You never know what you might come across out there so it's good to have training and updates". Staff were aware of the signs and symptoms of abuse and how to report their concerns using the providers' policies and procedures. Staff told us that the management team operated an 'open door' policy and that they felt able to share any concerns they had in confidence. Staff were provided with whistleblowing and safeguarding adults at risk policies and procedures and could access these through the providers' intranet. A whistleblowing policy provides staff with guidance as to how to report issues of concern that are occurring within their workplace. People were aware of their right to receive safe care and knew who to contact if they had any concerns. One person told us, "If there was something wrong I would tell them". The registered manager had demonstrated good practice and had made safeguarding referrals to the local authority for their consideration under safeguarding guidance.

Peoples' safety was maintained through the completion of risk assessments and the knowledge of staff. Records showed that risk assessments had been completed when people first joined the service and their care plan reviewed if there were any changes in their needs. Risk assessments recognised risks in the environment to both people and staff. The registered manager had identified the potential risk to people, with regard to not receiving care calls, if there was adverse weather conditions. Care plans had been devised to identify and rate the priority of peoples' care to determine if people would still require a care call if there were adverse weather conditions. Risk assessments for people who required assistance with moving and positioning provided staff with clear guidance as to how to support the person in a safe manner. Records for one person, who had been assessed as being at risk of pressure wounds, identified the person's skin condition, nutritional intake, mobility and continence. As a result of the risk assessment a body map was completed which clearly showed staff where to apply the different creams to the person's body. There were mechanisms in place to ensure staffs' safety. For example, the electronic system that was used to monitor peoples' calls could also be used to track the whereabouts of staff. The registered manager had also obtained copies of staffs' car insurance and MOT details to ensure their safety when travelling in their own car to care calls.

There were minimal accidents and incidents. Those that had occurred had been dealt with effectively and were used to change practice. For example, records for one person showed that an accident had occurred

when the person's wheat bag had been heated in their microwave. The wheat bag had caught fire. In response to this the registered manager had sent staff a text and had devised an information sheet to advise staff of the appropriate use of wheat bags to ensure that the likelihood of this type of incident occurring again was minimised.

People received support with their medicines according to their needs and preferences. Staff received training in medicine administration and had their competency assessed. People, who were able, were encouraged to self-administer their own medicines and care plans had assessed peoples' abilities to ensure their safety. People were happy with the support staff provided. One person told us "They do my medicines, they are in boxes and they put them in a little pot for me, that's alright". Medicine Administration Records (MAR) showed that staff were provided with appropriate information on the administration of medicines, they detailed the type of medicine, dose, route and frequency. Body map charts had been completed for people who required topical creams, clearly showing staff where to apply these. The management team monitored the administration of medicines during regular observations of staffs' practice and MARs were also regularly collected and analysed to identify if there were any errors or areas of concern.

People told us that staff maintained infection control when supporting them. One person told us, "They do wear gloves and aprons when they work, I feel very safe with them". Measures to ensure staffs' competence and to check that staff worked in a way that minimised the risk of cross contamination were in place. Records showed that spot checks had been undertaken, to ensure that staff were wearing their uniforms and personal protective equipment (PPE) such as disposable gloves and aprons.

Good

Is the service effective?

Our findings

At the previous inspections on 25 July 2016, there were concerns with regard to people, who were not always legally able to do so, making decisions and signing peoples' care plans on their behalf. At this inspection it was evident that improvements had been made. At the front of peoples' care plans a form had been devised and completed which detailed if people had any lasting power of attorneys' or court of protection deputies'. The registered manager also held copies of the documents to assure themselves that people making decisions on peoples' behalves had the legal right to do so.

People told us that they were asked for their consent and were involved in day-to-day decisions that affected their care. 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. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the registered manager was working within the principles of the MCA. People and records confirmed that the registered manager was following legislative requirements. For example, when people lacked capacity to make certain decisions the registered manager had ensured that the relevant people were involved to ensure that any decisions made were in the person's best interests. Staff had undertaken training on MCA and had a good understanding of the implications of it, including the nature and types of consent and peoples' right to take risks. One member of staff told us, "I think it's about letting people make decisions for themselves". Another member of staff told us, "I think it's about keeping people safe but also letting them get on with it. We're only seeing them for a small part of their lives".

People told us that they were cared for by competent, skilled and experienced staff. That on the whole they had regular carers, who they knew and who knew their needs well and that the service they received was effective. One person told us, "They seem very well trained". Another person told us, "They know their business". A relative told us, "The carers are very professional in how they go about things".

The registered manager ensured that staff had access to learning and development opportunities from the outset of their employment to ensure that they were able to deliver care that was consistent with the providers' aims and vision for the service. New members of staff had completed the care certificate as part of their induction. The care certificate is a set of standards that social care and health workers can work in accordance with. It is the minimum standards that can be covered as part of the induction training of new care workers. Staff told us that they were happy with the training and development that was offered and told us about their experience of undertaking the induction process, one member of staff told us, "It was very good I have to say. I had done similar work before but I did get to shadow for over a week and there was plenty of training". Another member of staff told us, "I'm halfway through the care certificate at the moment. It's really useful".

People were cared for by staff that had undertaken training which the registered manager deemed essential,

as well as training that was specific to the needs of the people that they were supporting, such as diabetes awareness. Some staff had undertaken diplomas in health and social care. Regular observations were conducted so that the management team could monitor staffs' competence and interaction with people. Regular supervision meetings were conducted to review staffs' performance and identify further areas of learning and development. Staff told us that they were supported well within their roles and that they found supervisions useful. One member of staff told us, "Yes we have one-to-ones. They're very good and the management team is very supportive". Another member of staff told us, "I come to the office and yes it's good. I can say what I like and I do". Staff told us they were subject to regular, unannounced observation and monitoring visits by the management team, during which they were questioned on their level of knowledge of the people they were caring for and the rationale for the care they were providing. Records showed that staff were also assessed on manual handling, medicines management, attitudes and personal appearance and they were given feedback concerning their performance. The registered manager also recognised good practice amongst the staff team as they had an award and recognition system known as, 'Mitie star'. Staff were nominated and put forward for the award, which offered a cash reward, if they had performed particularly well within their work.

People had access to relevant healthcare professionals to ensure their health and well-being. Records showed that staff had involved a wide range of external health and social care professionals in the care of people. These included social workers, GPs and community nurses. Advice and guidance given by the professionals had been documented and implemented in practice. People, who required assistance with their communication, were provided with appropriate support. Records for one person provided guidance to staff advising them of a particular piece of equipment that a person used to communicate. Effective communication continued amongst the staff team. The registered manager ensured that staff were kept up-to-date and provided with information about peoples' changing needs, as well as the running of the service. Staff were welcome to visit the office and observations showed that this enabled staff to discuss issues of concern and receive updated information. Regular telephone calls and texts were sent to staff as well as information sheets and memos. Staff told us that they were able to raise and discuss issues of importance in an open way and our observations confirmed this.

Records showed that people who required support to maintain their nutrition and hydration received appropriate support according to their needs. For example, records for one person informed staff that the person required a soft diet and thickener added to their drinks due to their increased risk of choking. People told us that they were happy with the support that they received from staff with regard to their nutrition. One person told us, "They do my meals, they make what I ask for and a drink, they always ask me".

Good

Is the service caring?

Our findings

People and relatives told us that people were supported by kind and caring staff who demonstrated compassion and patience when supporting them. One person told us, "The girls are very good to me, they are ever so nice, and they will do anything for you, so kind". Another person told us, "Nothing is too much trouble for them. It's wonderful, a real Godsend. It's nearly always the same carer, she's always on time and she's always got a smile. Makes you feel better straight away".

People were happy with the care they received and consistently told us that staff were kind and caring. Comments from people included, "They are very good to me, there isn't anything they wouldn't do for me", "They come when they should, do what they are supposed to do and more besides quite often. They prepare dinner for me before they go. I think it's very good care" and "Oh they are lovely, they're really kind to me". Relatives were equally as positive about their loved ones care, one relative told us, "They offer very good support in my opinion, always pleasant and kind, very gentle with my relative. I don't have to worry". Another relative told us, "They are absolutely marvellous, I can't fault the carers at all, the carers are very respectful to my relative, I couldn't ask for better".

People told us that they were happy with the caring approach of staff and that staff appeared happy in their work. People and relatives were able to express their needs and wishes and were fully involved in peoples' care. Records showed that telephone and face-to-face meetings with the person and their relative, if appropriate, took place and provided an opportunity for people to comment on the care they received and suggest areas that they wanted changed. For people who were unable to express their wishes, referrals to advocacy services could be made to enable them to access additional support to express their needs and wishes. An advocate is someone who can offer support to enable a person to express their views and concerns, access information and advice, explore choices and options and defend and promote their rights. Staff told us how they ensured that they delivered a caring service. One member of staff told us, "We're in peoples' homes so we always have to have that in mind". Another member of staff told us, "I think a lot of it comes from life experience. We treat people like we would want to be treated in our own homes".

Peoples' differences were respected and support was adapted to meet their needs. People used the service for various reasons, some requiring minimal support, receiving a visit twice per week whereas others had several calls each day. The registered manager ensured that the support provided to people was person-centred and enabled them to receive the type of support they chose. Peoples' privacy and dignity was respected. People told us that staff were respectful and maintained their privacy and dignity. One person told us, "The carers are very polite and kind. I have a carer to help with personal care. Most days it is a female carer but there have been a couple of occasions when it's been a male. My relative doesn't like it, but it's no different to having nurses wash you in hospital. Anyway the carer is very kind and discreet they step outside the room when I wash". Observations of interactions between staff, handing over information about people, further demonstrated that staff had a respectful attitude and people were treated in a dignified way. Confidentiality was promoted and records were stored in locked cabinets within the office.

People were encouraged to be as independent as possible. Care plans showed that people were asked what

they needed support with and that they were able to continue to be as independent as possible, to enable them to retain their skills and abilities. One person told us, "They are very kind to me and very helpful. By the time they finish I can go and be independent".

Requires Improvement

Is the service responsive?

Our findings

At the previous inspection on 25 July 2016, the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because there were concerns with regard to the lack of oversight when allocating staff and the fact that peoples' preferences, in relation to their choice of male or female carer, not always being respected. At this inspection it was clear improvements had been made and the provider was no longer in breach of the Regulation. However, there were further improvements that needed to be made.

Records showed that peoples' preferences with regard to their choice of male or female carer was documented in peoples' care plans. An electronic system that was used to allocate and track the care calls people received had a facility that enabled the registered manager to pre-select peoples' preference of carer so that when calls were organised and allocated peoples' choices, with regard to the gender of the member of staff, was respected. Most people told us that their preferences with regard to a male or female carer were respected. A relative told us, "Usually they send female carers but on the odd occasion they will send a male, though my relative has expressed no preference, they do keep to females usually". Although the electronic monitoring and allocation worked for most people, there had been occasions when peoples' preferences had not always been respected. One person told us that they had felt unable to have a proper wash in the mornings when receiving support from a male carer and that despite them and their relatives raising this with the registered manager this had continued to occur. When this was fedback to the registered manager they explained that this had been the result of staff sickness. There was a lack of contingency measures in place to ensure that if there was staff sickness that there were sufficient staff, of the correct gender, to ensure that peoples' preferences were respected. Although it was apparent improvements had been made, not all people had their preferences, with regard to male or female members of staff, respected. This is an area in need of further improvement.

People told us that they received a service that was responsive to their needs and that if they needed assistance this was provided. One person told us, "They come when they should, do what they are supposed to do and more besides quite often. They treat me well, very respectful. I think it's very good care, they're doing a great job, no complaints at all." Records showed and people and relatives confirmed that peoples' care was person-centred and specific to them. Staff had a good understanding of what person-centred care meant. One member of staff told us, "It's about caring for people as people. Everything should be about them". Another member of staff told us, "It's being flexible I suppose. Somebody might want something done differently on a particular day". People told us that when they first joined the service their needs and preferences were discussed and respected. Records showed that an initial assessment of peoples' needs was conducted and this was used to devise the person's individual plan of care. The assessment was enabling and person-centred, encouraging the person to discuss their preferences and identify areas that were important to them. It recognised the skills and abilities that people had, whilst also identifying aspects of peoples' lives that they required further support with. Peoples' needs were assessed holistically. Peoples' emotional, social and physical needs were taken into consideration and risk assessments had been completed to ensure that people were supported in a safe manner. Care records provided comprehensive, detailed and pertinent information that provided staff with guidance as to how the person liked to be

supported.

Peoples' needs were regularly reviewed through telephone and face-to-face meetings and support was adapted in response to peoples' changing needs. A member of staff told us, "If I feel that someone is regularly going to need more time, I'll tell the office. They try to get the time increased that has happened before". Records showed that people, or their relatives, if appropriate, were involved in these reviews to ensure they were happy with the care being delivered. Peoples' support requirements were monitored on a daily basis. Records showed staff passing on information to one another about any changes in the person's needs or condition. There were also regular texts sent to all staff if they needed to be alerted to any changes in peoples' condition. People were able to choose, as much as possible, what times they had their visits. Records showed that the service was responsive to peoples' needs. For example, records for one person, who had problems with their memory, advised staff to prompt the person to write appointments and visits in their diary and to remind them of upcoming meetings.

Peoples' social needs were taken into consideration to reduce the risk of social isolation. The registered manager had introduced a social afternoon, with a 1950s and 1960s theme that was due to take place the day after the inspection. People were invited to attend and could meet each other, as well as their carers and office staff, to enjoy tea, coffee, sandwiches and cakes. The registered manager had also planned some games and quizzes for people to take part in if they wished and wanted to make the event a regular occurrence.

The providers had a complaints policy which was provided to people when they first joined the service. Most people told us that they did not feel the need to complain. Comments from people included, "I would have no hesitation in ringing the office if something was wrong" and "I have never had a complaint, its okay". Complaints that had been received had been dealt with according to the providers' policy. Appropriate action had been taken in response, for example, the provider had instigated the disciplinary procedure and letters of concern and disciplinary meetings had taken place with staff in response to some of the complaints that had been received.

Requires Improvement

Is the service well-led?

Our findings

An announced comprehensive inspection took place on 16 March 2015. A breach of legal requirements was found in relation to inconsistencies in the systems in place to manage, monitor and improve the care and support provided to people, this included significant concerns in relation to on-going incidents of late and missed calls. At the inspection on 25 July 2016 there was a continuing breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, with regard to the monitoring, management and improvement of missed and late calls which were found to be frequent and on-going. At this inspection it was clear to see improvements had been made.

At the inspection on 16 March 2015 the provider provided a service to people living in the Brighton and Hove area only. At the inspection on 25 July 2016 it was identified that since the previous inspection the provider had absorbed services covering the Eastbourne and Seaford areas. This meant that all activities for the Brighton and Hove and Eastbourne and Seaford areas were carried out and managed from MiHomecare – Woodingdean. The provider had experienced difficulties recruiting in these areas and as a result had used a high level of agency staff. The provider used an external organisation and a real-time electronic system to monitor peoples' calls to ensure that there were no missed or late calls. Each member of staff was required to 'log-in' to a person's house, either by calling the external organisation to register that they had arrived or were leaving the person's home, or by entering in a code to an electronic system that was in place within the person's home. Agency staff were unable to 'log in' to demonstrate that they had arrived at a persons' house and therefore their care calls could not be monitored effectively. As a result there was not an effective system in place to have oversight of the calls that were taking place in the Eastbourne and Seaford areas.

At this inspection, it was evident that improvements had been made. The provider had recognised that they were unable to fulfil the contract they had with East Sussex County Council (ESCC), due to the difficulties that they had faced recruiting staff and had taken the decision to hand-back the contract to ensure that they had sufficient staff to meet peoples' needs. In addition to the external monitoring and the real-time electronic monitoring system, the registered manager undertook regular checks of the computerised system that monitored peoples' calls to ensure that people were receiving their care calls on time and that no calls had been missed. On some occasions staff had not registered their arrival or departure and observations showed that the registered manager and office staff took immediate action to check that people had received calls. Staff were contacted to clarify and confirm if a person had received a call and the time of calls was then entered onto the electronic system so that the correct information was held. Due to the provider handing back the ESCC contact and therefore reducing the amount of calls and the geographical area of the calls, this had had a positive impact on the level of staffing and meant that there were sufficient staff to ensure that peoples' calls were covered and that calls were not late or missed.

People told us that there had been no missed calls and that staff were rarely late to their calls and if this did occur they received a telephone call advising them of the reasons for this and of the time to expect the member of staff to arrive. This demonstrated respect for peoples' time and acknowledged the anxieties and disruption that a late call might create for people. Comments from people included, "They are prompt", "They come on time, they are very punctual in fact", "They come on time, never really late" and "They arrive

on time and stay the full time they should. I think they're very good, I've no criticism at all, and they work hard and always offer extra help".

At the previous inspection on 25 July 2016, quality was not consistently or effectively assured and there were concerns with regard to the monitoring and oversight of medicines management. For example, peoples' medication records had not been audited in a timely manner and there was a risk that errors or poor practice in the administration of medicines might not be picked up swiftly enough. At this inspection improvements had been made, however there were continued concerns with regard to the timeliness in which audits were conducted to ensure that errors or poor practice were addressed to ensure peoples' safety when being supported with their medicines. Records of peoples' MAR showed that some did not have signatures alongside the medicine and therefore it was not clear if people had received their medicines and staff had failed to sign the records or if people had gone without their medicines. Other records that documented peoples' day-to-day support showed that people had received their medicines but staff had failed to sign the MAR to confirm this. This error had not been identified as an audit of the MAR had not yet taken place. When this was raised with the registered manager they told us that this was an area that needed to improve further, that they had concentrated on ensuring that the other areas that required improvement following the last inspection, were implemented and embedded in practice and had yet to address the auditing of peoples' MARs. The regular monitoring of peoples' MAR and daily records is an area of practice that is in need of further improvement to enable the registered manager to have oversight to assure them that people are receiving their medicines as prescribed.

There were other, good systems in place to ensure that the service was able to operate effectively and to ensure that the practices of staff were meeting peoples' needs. There were quality assurance processes in place to ensure that the registered manager addressed the concerns that were found at the previous inspection and to ensure that the service continually improved. There was more oversight and ownership at a senior level and weekly conference calls were held between the senior management and the registered manager to monitor the improvements that were being made. Surveys were also sent to gain peoples' feedback in relation to the service they received to help inform practice and instigate change.

People, staff and relatives were complimentary about the leadership and management of the service. Staff were asked about the leadership and management of the service, one member of staff told us, "The manager really listens. There's always support if you need it, especially out of hours". Another member of staff told us, "I think the manager is one of the best I've ever worked with. They're honest and friendly but firm with it. Nothing gets missed". People and relatives were equally as positive about the leadership and management of the service. Comments from people included, "The care has been really well planned. If there were any problems with the carers I would contact the local office, but I don't have a name of a specific person. We've had surveys to fill in, once I think, but I'm very happy with them and I've never had to complain", "I know who the manager is and if we had any problems I can get in touch with her but I can't speak highly enough of them, everyone has been so kind" and "I think it's very good care. I've certainly never had to complain but I know who is in charge if I needed to. I've had surveys to fill in before but I think they're doing a great job, no complaints at all". A relative told us, "The office has been very good and very nice if you ring up, I think it is well led and I would recommend them to anyone".

The management team consisted of the registered manager, who was supported by a regional manager and a quality and performance manager. The provider had a mission statement which stated, 'To provide care that you would choose for a loved one'. It was evident that this was embedded in the culture of the organisation, through the attitudes of staff, documentation of peoples' needs and in the delivery of care. The office had a friendly and welcoming atmosphere. Staff were welcomed and took time to spend with the registered manager, who took time to communicate with them. Observations of telephone conversations

demonstrated that it was apparent that this friendly approach also extended to the people who used the service.

People were involved in their care. People were able to contact the registered manager or other members of the management team to discuss their care needs and make their opinions known. Staff told us that they were treated with respect and that their suggestions and input was valued. Staff told us that when they raised concerns and issues that these were dealt with effectively and promptly

The registered manager was aware of their responsibility to comply with the CQC registration requirements. They had notified us of certain events that had occurred within the service so that we could have an awareness and oversight of these to ensure that appropriate actions had been taken. They kept their knowledge and skills up to date by undertaking essential training and liaising with other managers at homecare forums and management meetings.