MiHomecare Limited

# MiHomecare Ilford

**Inspection report**

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Date of inspection visit: 22 July 2014
Date of publication: 05/03/2015

## Ratings

| | |
|---|---|
| **Overall rating for this service** | **Inadequate** |
| Is the service safe? | **Inadequate** |
| Is the service effective? | **Requires Improvement** |
| Is the service caring? | **Requires Improvement** |
| Is the service responsive? | **Inadequate** |
| Is the service well-led? | **Requires Improvement** |

## Overall summary

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 and to pilot a new inspection process being introduced by the Care Quality Commission which looks at the overall quality of the service.

MiHomecare Limited provide personal care and support to 173 people in their own homes. The service has a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

# Summary of findings

This was an announced inspection. We received mixed responses about the service from people who use it. While some people were happy with the level of care provided, others were not.

People's safety was being compromised in a number of areas.This included a lack of detailed risk assessments, how medicines were managed, how well infection-control measures were implemented by care workers and inadequate monitoring of late/missed calls.

We found that people's needs were not always assessed by the service prior to them receiving personal care. People's health care needs were not always assessed and identified. Care plans were not individualised and delivered consistently. In some cases, this either put people at risk or meant they were not having their individual care needs met.

Although people told us they felt their privacy and dignity were respected and made positive comments about care workers, care was mainly based around completing tasks and did not take account of people's preferences or meet their individual needs.

The service, in some cases, investigated and responded to people's complaints. This was not consistently followed and people did not feel that sufficient changes were made as a result of issues raised.

Care workers received basic training but it did not include training in specific areas such as diabetes or dementia care. People raised concerns about care workers often rushing to provide care, arriving late or not arriving at all.

The process of monitoring the quality of care was not effective as it had not picked up some of the concerns we found and therefore had not led to the necessary improvements.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of this report.

# 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?**

**Inadequate**

The service was not safe. People who use the service were being put at risk because risk assessments were not always carried out and medicines were not appropriately managed.

However care workers knew how to recognise and respond to safeguarding concerns appropriately.

The care workers were aware of the requirements of the Mental Capacity Act 2005 and the application of the Deprivation of Liberty safeguards.

Appropriate staffing levels were maintained to meet the needs of people who used the service.

**Is the service effective?**

**Requires Improvement**

The service was not effective. We found that care workers did not have individualised care plans to ensure that people's needs were met effectively.

Care workers completed mandatory training but did not have specialist training to meet people's specific health needs such as caring for people with diabetes or dementia.

Care workers supported people to maintain good health and enabled them to access health care services as needed.

People were supported to eat and drink according to their plan of care.

Supervision was not always consistently provided to care workers.

**Is the service caring?**

**Requires Improvement**

The service was caring. People who used the service told us they liked the care workers they knew and were familiar with.

Staff were respectful of people's privacy.

However people were not always involved in making decisions about their care and support.

**Is the service responsive?**

**Inadequate**

The service was not responsive to people's needs. Care plans were basic and did not reflect people's individual care and support needs. They were not routinely updated when people's needs changed.

The service managed some complaints that had been raised. However not everyone received a response in a timely manner and action was not always taken in response to these.

# Summary of findings

**Is the service well-led?**

The service was not well led. People were at risk because systems for monitoring quality were not effective.

We did not see evidence of how any improvements had been made due to learning from adverse events.

**Requires Improvement**

# MiHomecare Ilford

**Detailed findings**

## Background to this inspection

This inspection was carried out on 22 July 2014. The inspection team consisted of two inspectors and an observer. An Expert by Experience conducted telephone interviews with ten people and five relatives, to gather their views about the service. This is a person who has personal experience of using or caring for someone who uses this type of care service. We also spoke with four care workers.

Before our inspection we reviewed information we held about the provider, including the last inspection report and the provider's information return (PIR). This is a form submitted by provider giving data and information about the service. The last inspection report from June 2013, showed that the service was meeting all national standards covered during the inspection. We spoke with a member of a commissioning team from a local authority that commissions the service. They gave positive feedback about the service. We also reviewed the questionnaires that people who used the service and their relatives had completed and looked at notifications that the service is required to send us about certain incidents such as serious injuries and deaths.

During the visit we spoke with the project manager of the service as well as another manager responsible for a different location because the registered manager for this service was unavailable. We spoke with four care workers,10 people who use the service and five relatives.

We spoke with the agency's project manager, and an interim branch manager. We used pathway tracking, which means looking at how the service works with people from before they start using the service through to the present or to the end of their care package. We also reviewed records and policy documents relating to people who used the service and care workers.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

'The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.'

Inadequate

# Is the service safe?

## Our findings

People's care plans and risk assessments did not set out how and when people required support to take their medicines, although people we spoke with confirmed they were assisted by care workers, in various ways to take their medicines. For example, a relative told us the care workers used to give her husband medicine but she had been told they were not allowed to administer this anymore. A relative told us that until a few months ago, the care workers used to apply a medicine patch for them, but could no longer do this. The person had not been provided with an adequate explanation of why care workers were unable to provide this assistance.

Records were not available at the service in relation to incidents when medicine errors occurred by care workers and instances of missed medication. Relatives told us that medicines were sometimes missed. We were unable to see how care staff confirmed that the correct medicine had been administered as medication administration records (MAR) were not available at the office for examination at the time of inspection. Care workers told us they had completed training and had been assessed as competent to administer medicines. However we did not find records of competency checks being completed on staff files. Therefore people were at potential risk associated with the unsafe use and management of medicines. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

People we spoke with felt safe with the care workers who supported them. The services' project manager told us that all of the people they provided personal care to had been referred to the service by two Local Authorities. We looked at the care files of five people who used the service and saw the Local Authorities' assessment and information, outlining the kind of assistance needed by people. However, we did not find detailed assessments, care plans, risk assessments and individual support plans conducted by senior people who worked at the service, in order for the service to provide personalised care. Assessment of people's needs are required so that the care workers can provide an individualised service. Care workers said they were often given information about people's basic needs over the phone. We noted that one person's support plan had not been updated to reflect their current needs with regards to medicine management. There was conflicting information which stated in one document 'family to assist' but another document stated 'prompt medicines if needed'. This information was confusing for care workers and placed the person at risk of not receiving their medication when they required.This also placed people at risk of not receiving the care and support they needed in a timely manner.

Care workers were unable to confirm that risk assessments were on files in people's homes when they first started to deliver personal care. Basic risk assessments such as environmental risk assessments in relation to a person's home were in place. However, the care files we looked at did not have specific risk assessments in relation to moving and handling, falls, medicine administration, skin integrity, food and hydration. Care workers told us they had received training in moving and positioning people safely. We saw that a basic form was in place on files stating that the person required assistance from two carers but it did not inform care workers about how tasks should be carried out to prevent risk of injury to the person and care worker. Risk assessments were not reviewed and updated when people's circumstances changed. For example, we did not see a re-evaluation of a person's needs or risks when they were discharged from hospital, had a fall or suffered from ill-health.Therefore, any new staff supporting people might not have essential information about how people should be assisted safely, leaving them at risk of incurring an injury.This meant that people who used the service were at risk of receiving inappropriate or incorrect care and support.

There was a computer-based system in place to ensure that people received all their planned support visits. Care workers used a telephone-based "logging in" and "logging out" system for home visits. Although some people said that their care workers arrived on time, most told us they arrived late for their support visits and a number of missed calls were reported.They also told us that office staff failed to inform them of changes and cover arrangements when their regular care workers were on holiday or off sick. One person told us, "sometimes a carer you don't know turns up on your doorstep.I thought the office was supposed to ring you, especially for someone elderly and vulnerable, it can be frightening." A relative told us that the company had told them they would come every "3 to 6 months to do a review, but she had not seen anyone for a while." All of the above means that people were at potential risk of not

Inadequate

# Is the service safe?

receiving appropriate care and support that met their individual needs. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Care workers had received training in safeguarding adults and were aware of the signs and symptoms of potential abuse and how to report any concerns. They confirmed that they had completed safeguarding training during induction and received refresher training each year. They were aware of the safeguarding policy and procedure and were required to read it as part of their induction. Safeguarding incidents raised were appropriately referred to the relevant agencies and followed up. The provider had reminded care workers of their duty to report any concerns about how the organisation was safeguarding people and of the whistleblowing procedure via team meetings and weekly newsletter. A separate whistleblowing telephone line was provided which care workers confirmed they were aware of. They told us they understood the importance of protecting people by raising concerns with the service as well as outside the organisation when necessary.

There were suitable recruitment procedures and required checks were undertaken before care workers began to work for the agency. The manager told us that applicants attended an interview to assess their suitability. Care workers recruitment records showed that appropriate pre-employment checks had been carried out prior to them starting work. For example, two references and a criminal records check were obtained for each care worker. All staff were required to complete an induction programme which was in line with the common induction standards published by Skills for Care.

Staffing levels were determined by the number of people using the service and their needs. Staffing levels could be adjusted according to the needs of people using the service and we saw that the number of staff supporting a person could be increased if required.

The provider ensured that care workers understood the key principles of the Mental Capacity Act 2005 and some care workers had received training on this subject with others due to complete it by the end of 2014. They were able to explain to us how they would put the Act's key principles into practice when they supported people especially those living with dementia and knew that people's relatives/ representatives should be contacted if people lacked capacity. The manager told us that if they had concerns regarding a person's ability to make a decision they worked with the local authority to ensure appropriate capacity assessments were undertaken.

Requires Improvement

# Is the service effective?

## Our findings

Staff were not receiving supervision in line with the provider's policy. The provider's policy was that staff receive supervision four times a year. However, we looked at four care workers files and noted that not all care workers had received supervision at regular intervals. Only one of the care workers recruited since February 2014 had received supervision in March 2014. The other three files checked did not show a clear record of supervision received by care workers. Supervision records we checked did not contain sufficient information about discussions that took place or if any concerns were identified, who was responsible for resolving these and within what timescale. These processes gave staff an opportunity to discuss their performance and identify any further training they required, however care workers were not given this opportunity on a regular basis.

We looked at the training files for four care workers. Each had completed a five-day induction programme and they had received training including moving and handling, safeguarding vulnerable adults, health and safety, food hygiene, medicine administration, infection control, dignity and respect and dementia awareness. We saw a training matrix to confirm the training completed by care workers. New care workers trained on the job because they often accompanied more experienced care workers. This was especially the case when double up visits were required. However, clear records were not available to show how competency checks were carried out by senior staff to ensure that care workers knew how to support people adequately. Care workers had not received specific training to meet the needs of people with complex care needs for example, how to provide catheter care, caring for people who had suffered from a stroke, had diabetes or were receiving end of life care. People may be at risk of being supported by care workers who did not always have appropriate skills to safely support people with specific needs.

Receiving sufficient training was essential as it gave care workers an opportunity to gain further skills and knowledge about how to support people with their care needs. Two relatives told us "I don't think the training is as good as it could be. I've got to watch them all the time because I don't trust them." Another said she constantly had to watch the care workers and often had to tell them not to let the catheter hang on the floor as they were walking on it. We did not see evidence of specific training completed by care workers, for example for catheter care. Although care workers were trained in infection control they did not robustly and consistently apply the learning. These occurrences could place people at significant risk of acquiring or transferring infections. This was a breach of Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

People were supported at lunchtime to access the food and drink of their choice. Much of the food preparation required staff to re-heat food and ensure that it was accessible to people who used the service. Staff had received training in food safety and were aware of safe food handling practices.

People's care records included the contact details of their GP so staff could contact them if they had concerns about a person's health. We saw that where staff had more immediate concerns about a person's health they called their relative or emergency services to support their health care needs.

Requires Improvement

# Is the service caring?

## Our findings

People told us they were happy with the care workers and got on well with them. One person said “All the staff in five years have been wonderful.” Another person commented “They are fairly warm and friendly, which I appreciate, the relationship is fairly good. What they do, they do properly and they are very nice, I look forward to them coming actually.”

People who used the service and their relatives told us care workers were "good" and "do their best to look after people." One person told us “I have a good laugh and have a chat with them. They do the job.” A relative told us “they support my mum to make choices for example, what she wants in her sandwiches at lunch.”

People described being treated with respect and many people told us how their dignity was maintained during care delivery. Care workers were able to describe how they ensured people’s dignity was maintained whilst delivering personal care. For example, they ensured that personal care was delivered in the privacy of people's rooms or bathrooms. They also ensured they were nearby to maintain the person’s safety, for example when they were at risk of falls. People mostly received support from care workers that they knew. However, people were less positive about receiving care from care workers that they did not know and were often unaware of change of worker when their regular carer was absent. This meant that people did not always receive consistent care and support from care workers they were familiar with.

All the care workers received a handbook which gave them information about respecting people’s rights including their privacy, dignity, independence and the right to make choices. The care workers confirmed that this was covered during induction and they understood the need to listen to people and respect their different backgrounds. They said they understood how to respect people's choices. For example, a care worker explained how they worked with a person with dementia to clarify their wishes and ensure they agreed to the support that was provided. They did this by repeating the questions when necessary and interpreted the person's non-verbal communication. Care workers told us they also asked for people’s permission before carrying out tasks. However, the care records we saw did not reflect people’s individual communication needs and how they should interpret different ways in which people communicated in order to meet their needs.

Care workers were positive about their role at the service and told us that they delivered care that people needed although some felt that at times they were rushed due to the short length of time allocated to calls. People therefore may not receive care and support in a manner that they wished.

Inadequate

# Is the service responsive?

## Our findings

Care records of six people who used the service showed that people's needs were assessed by social services. They provided the service with a list of people's support needs. From this, the service developed a basic support plan about when people's support would be provided. We were informed by the service's project manager that they aimed to carry out a home visit within 48 hours of receiving a referral, to carry out their own assessment of people's needs and develop an individualised care plan.

The service supported people living with dementia. We did not find a specific support plan or reference to specific signs or symptoms which people may have, there was no guidance about how care workers should communicate with people. For example, one person's notes stated that they may not co-operate with care workers when carrying out tasks in some circumstances. However, care workers were not provided with information about how to support this person in order to avoid such situations arising. Another person's file stated that the person had a complex health condition, which meant they were confused at times, needed assistance with continence management, had restricted mobility and needed support with dressing and bathing as well as medicine administration. They required support from two care workers. Their support plan did not give details to care workers about how to provide individualised care to this person in a way that met their specific needs.

People were not actively involved in deciding their own care because care records showed they were not consulted when support plans were developed. For those people who received three calls each day to assist with personal care and meals, the support plan just listed this. There were no details of how people should be supported with these needs or what was important to the person and their preferred routines. Hence, there was a lack of accurate personalised care, treatment and support records. This meant that care workers were not knowledgeable about people's specific needs in order to meet their needs. This was a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

A complaints policy and procedure was in place and was given to people who used the service when they first began to use it. People and their relatives were aware of how to make a complaint. We looked at the complaints log and found that although some complaints were logged and had been responded to with an outcome, not all were dealt with in a timely manner. We found a lengthy and detailed complaint made by a relative, on behalf of a person who used the service. Although this complaint had been logged we found that a large number of their concerns which had been raised previously had not been adequately dealt with by the service at the time. The relative felt that their complaints were not adequately listened to or responded to by the service. We asked the project manager about this during our inspection. They said that these concerns were in the process of being investigated and a full outcome would be forwarded to the complainant once the investigation was complete. People who used the service described raising concerns with the management of the service and felt that their concerns were not always listened to and that issues they raised had not been effectively dealt with. They did not feel anything had changed as a result of their complaint. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Requires Improvement

# Is the service well-led?

## Our findings

At the time of our inspection, although the service had a registered manager in place they were unavailable for a period of time. A project manager and a manager from another location were available at the time of this inspection. We looked at the overall management of the service and how this impacted on the care provided to people. One person using the service told us "I have mixed feelings about the service. I find that they're not organised enough. When I started with them I was quite happy but now the summer holidays are here, the organisation side is somewhat lacking." Another person said "It's only the office staff I have issues with, if you ring up, quite often I can't understand what they're saying and messages don't get passed on. They don't ring me back."

A relative told us "the normal care workers are very very good but now one is on holiday for four weeks, we're getting all different ones. It's not so good. This morning one was really really quick." Another relative told us "messages didn't get passed on by the office."

Another relative told us " they can be in and out very quickly though not always there the time they are paid for. Sometimes they were there for 10 minutes and they put down 30 minutes." A person told us "care workers aren't rushed but they don't usually stay the full half-hour. I don't feel I get full value although I am charged for a full half-hour every time – but I don't mind." Another person described the service as a bit "hit and miss." One person told us "Yesterday for example, I was watching the clock go round, they usually come between 10am and 10.15am. At 11.30am I rang the office. They said they thought that I had been done." A relative told us that overall the service was "good but timekeeping was poor. They've never phoned me that they're running late." Therefore people who used the service did not benefit from a reliable, consistent and safe quality care and support.

The provider's quality team had carried out monitoring visits to the service. The team completed audits to assess the quality of the service and make recommendations for any improvements. However, from records checked, we found that the audits had not picked up the issues and causes for concern raised in this report. The project manager informed us that they carried out quality monitoring of the service annually by sending out questionnaires to people who used the service. Feedback received from the respondents was used to identify areas for development and improvement. We did not see that this had been conducted at the time of the inspection. There was a lack of a robust quality assurance and audit process to check if people's needs were being met and that the service was operating safely. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Field care supervisors undertook a combination of announced and unannounced visits (spot check) to people's homes to check if people received their care appropriately. This included arriving at times when the care workers were there to observe the standard of care provided and obtain feedback. For example a spot check was carried out in July 2014 and the record included a comment, "needs to be aware of preventing infection". At another spot check visit carried out in April 2014, the supervisor was concerned that a carer was prompting medication when it was not required. However, after these checks, there was no indication of what follow-up action was taken to address the issues identified and who was responsible for it. Care workers told us that they were able to speak to management whenever they came into the office, however, not all were able to confirm that their supervisors carried out regular spot checks. This meant that people were not regularly given the opportunity to provide feedback about their level of satisfaction with the service they received, voice concerns and suggest improvements.

Team meetings took place and care workers told us that they were able to contribute to these and found them informative. A weekly brief (newsletter) was also sent to care workers to keep them updated about organisational issues as well as compliments. The meetings and newsletter provided an opportunity for staff to keep up to date with any changes and improvements made by the service. Staff told us they felt supported by the management team and supported each other so that they were aware of people's plans and any concerns.

This section is primarily information for the provider

# Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

| Regulated activity | Regulation |
|---|---|
| Personal care | Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services<br><br>**The registered person did not take proper steps to ensure people who used the service received care that was appropriate and safe.** |

| Regulated activity | Regulation |
|---|---|
| Personal care | Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service providers<br><br>**The registered person did not have effective systems in place to monitor the quality of the service delivery.** |

| Regulated activity | Regulation |
|---|---|
| Personal care | Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines<br><br>**People were not protected against the risks associated with medicines because the provider did not have sufficient arrangements in place for the safe administration and recording of medicines.** |

| Regulated activity | Regulation |
|---|---|
| Personal care | Regulation 19 HSCA 2008 (Regulated Activities) Regulations 2010 Complaints<br><br>**The registered person did not have an effective system in place for identifying, receiving, handling and responding appropriately to complaints and comments made by people who used the service or persons acting on their behalf.** |

This section is primarily information for the provider

# Action we have told the provider to take

| Regulated activity | Regulation |
| --- | --- |
| Personal care | Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records<br><br>The registered person did not have appropriate systems in place to keep accurate records in respect of each person who used the service and other records in relation to the carrying on of the service. |

| Regulated activity | Regulation |
| --- | --- |
| Personal care | Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 Supporting staff<br><br>The registered person did not have suitable arrangements in place to ensure that care workers were appropriately supported to carry out their roles. |