MiHomecare Limited

MiHomecare - Finchley

Inspection report

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Date of inspection visit: 12th May 2015
Date of publication: 17/06/2015

Ratings

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

Overall summary

This inspection took place on the 12 May and was announced. At our last inspection in December 2013 the service was meeting the regulations inspected.

MiHomecare-Finchley provides personal care services to people in their own homes and MiHomecareLimited has 40 domiciliary care services across the country. At the time of our inspection approximately 240 people were receiving a personal care service.

The service had a registered manager who had been in post since July 2014. 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.

People's needs were assessed and care plans were developed to identify what care and support people required. People said they were involved in their care planning and were happy to express their views or raise concerns. When people's needs changed, this was quickly

Summary of findings

identified and prompt, appropriate action was taken to ensure people's well-being was protected. People using the service told us they had a copy of their care plan in their home.

People using the service told us they felt safe. Staff understood how to recognise the signs and symptoms of potential abuse and told us they would report any concerns they may have to their manager.

The registered manager told us that assessments were undertaken to assess any risks to the people using the service and the staff supporting them. This included environmental risks and any risks due to people's health and support needs. The risk assessments we viewed included information about action to be taken to minimise these risks.

People said they found the staff polite and respectful. Staff were respectful of people's privacy and maintained their dignity. Staff told us they gave people privacy whilst they undertook aspects of personal care, asking people how they would like things done and making enquiries as to their well-being to ensure people were comfortable.

We saw that regular visits and phone calls had been made by the office staff to people using the service and/or their relatives in order to obtain feedback about the staff and the care provided.

People were supported to eat and drink. Staff supported people to take their medicines when required and attend healthcare appointments and liaised with their GP and other healthcare professionals as required to meet people's needs

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?

Good

The service was safe. People were protected from harm. Risks to the health, safety or well-being of people who used the service were understood by staff and addressed in their care plans.

Staff had the knowledge, skills and time to care for people in a safe manner.

There were safe recruitment procedures to help ensure that people received their support from staff of suitable character.

People who were unable to manage their own medicines were supported to take them by staff that had been trained to administer medicines safely

Is the service effective?

Good

The service was effective.

Staff had the skills and knowledge to meet people's needs. Staff received regular training, and supervision to ensure they had up to date information to undertake their roles and responsibilities. They were aware of the requirements of the Mental Capacity Act 2005.

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

Staff supported people to attend healthcare appointments and liaised with other healthcare professionals as required if they had concerns about a person's health

Is the service caring?

Good

The service was caring. Managers and staff were committed to a strong person centred culture..

People who used the service valued the relationships they had with staff and expressed satisfaction with the care they received. People felt that their care was provided in the way they wanted it to be.

People felt staff always treated them with kindness and respect.

Is the service responsive?

Good

The service was responsive.

Care plans were in place outlining people's care and support needs. Staff were knowledgeable about people's support needs, their interests and preferences in order to provide a personalised service.

People felt involved in their care planning, decision making and reviews.

People who used the service and their relatives felt the staff and manager were approachable and there were regular opportunities to feedback about the service.

Is the service well-led?

Good

The service was well-led. The managers of the service promoted strong values and a person centred culture. Staff were happy to work for the service and were supported in understanding the values of the organisation.

There were effective systems to assure quality and identify any potential improvements to the service.

MiHomecare - Finchley

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 of MiHomecare-Finchley took place on 12 May 2015 and was announced. We told the provider two days before our visit that we would be coming. We did this because the manager is sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that they would be in.

The inspection team consisted of two inspectors and three 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 visit we reviewed the information we held about the service, including the Provider Information Return (PIR) which the provider completed before the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we received. This included notifications, incidents that the provider had sent us and how they had been managed appropriately.

During our inspection we went to the MiHomecare-Finchley office and spoke to the registered manager, the regional quality and performance manager, the field work manager, two care coordinators and two care workers. We reviewed the care records of ten people that used the service, reviewed the records for eight staff and records relating to the management of the service. After the inspection visit we undertook phone calls to thirteen care workers and twenty five people that used the service. We also visited one person using the service in their own home with their permission.

Good

Is the service safe?

Our findings

People we spoke with said they felt safe and that staff understood their needs. Comments from people included, "We are both very safe with all of them," and "Oh yes, it's all safe."

There were suitable arrangements in place to safeguard the people who received care in their homes. These included reporting procedures and a whistleblowing process. Advice about how to report concerns was discussed with staff in meetings and during supervision. This was confirmed in minutes of supervision we read and by talking to care support staff. Staff we spoke with were aware of the different forms of abuse which might occur. Staff were aware of the contact details for the relevant local authority and the provider's safeguarding processes.

The manager and staff team knew how to record and investigate safeguarding concerns appropriately. We were able to review records of two recent safeguarding concerns. We noted the provider had acted in an appropriate manner throughout each of the two episodes and had worked effectively with the local authority to keep the people safe. We spoke with staff specifically about safeguarding and areas of capacity. We saw staff had a good understanding of the people who used the service, their needs and how to support them as individuals.

We saw in records of staff training that all staff had received recent training in safeguarding and on the Mental Capacity Act 2005. We were able to speak with five staff specifically on safeguarding and all were able to explain to us the different forms of abuse and signs that it might be occurring. The registered manager was the safeguarding lead and was able to explain how safeguarding was discussed at every staff meeting. We were able to confirm this by reading records of staff meetings.

People were involved in decisions about risks associated with their care as much as they were able. We saw in people's care support files that family members had been involved in discussions about people's safety and needs. Risk assessments had been completed, recently reviewed and updated for people and they had been discussed with the individual person or their family member where appropriate. People, their representatives and staff had decided what was safe for them to do and how best to do it. For example, how the risks with regard to transfers were explained and communicated to people when transferring from bed to chair and the risks of hot water when bathing.

Health and social care professionals associated with people's care were consulted and referred to appropriately with regard to how risks were identified and managed in a way that promoted people's development and independence. We saw e-mail evidence confirming the provider had regularly sought advice and intervention from professionals such as physiotherapists, speech and language therapists and social workers when required.

There were sufficient numbers of suitable staff to meet people's needs and keep them safe. People's dependency needs were kept under continuous review to ensure that staff members with the necessary skills, abilities and experience were always available to provide appropriate care and support. A member of staff we spoke with told us that, "The staff team are managed by field supervisors who ensure staff sick leave is covered immediately." Most people told us that the office informed them if there were any changes to their planned care. However a person who used the service told us "When they don't turn up I have to call the office myself."

We noted the provider had had some previous issues with regard to false documentation provided by prospective care support staff. This had been discovered during an internal audit. We saw the provider had worked effectively with the appropriate authorities and had established new procedures to avoid a repeat of the issue. The provider has a separate recruitment department which screens all prospective applications and related documentation.

There were effective recruitment and selection processes in place. Staff told us they underwent a robust recruitment process before they were employed. Records confirmed this and they included an application form, interview and written assessments. We noted in staff files we read that references had been checked. Appropriate checks were undertaken before staff began work. Checks on people's criminal record, references, eligibility to work, health and qualifications were undertaken to ensure they were fit to work. We saw in files of five staff member's that we read the provider had ensured that staff received an enhanced criminal record check and that staff were not on the

Good

Is the service safe?

Disclosure and Barring list [DBS]. Prospective staff members were also subject to health checks and checks on eligibility to work in the United Kingdom where appropriate.

Staff said they were supported to develop their skills so they could continue to meet people's needs including additional training and qualifications. Staff also undertook regular training to keep up to date with professional guidance. The registered manager told us that any newly employed staff were subject to a probation period and this would be recorded within their records. We saw there was an induction checklist available for when a newly employed member of staff started. This meant the manager could monitor their development. The registered manager showed us a member of staff's probation review and explained how they assessed the staff member's competency.

Staff we spoke with said their induction period had been robust and appropriate to work with people who used the service. We noted in training records contained in staff files that induction included face to face training in mandatory subjects such as health and safety, medicine management, food hygiene and moving and handling. New staff that passed the induction courses were then expected to shadow an experienced support worker until the manager was satisfied that the new worker was competent and skilled enough to work with people who used the service.

People who were unable to manage their own medicines were supported to take them by staff that had been trained to administer medicines safely. One person told us “they help me with my tablets.” Another person explained, “they bring me my medication when I am having my breakfast. It’s good.” A third person stated, “they remind me to take my tablets, it’s fine.” Staff we spoke with were able to describe how they managed each person’s medicines based on their individual needs and how people were supported to take their medicines. We were able to confirm this by looking at care support plans which contained report sheets and training certificates.

Good

Is the service effective?

Our findings

During our inspection, we found that the provider assessed people's needs and planned and delivered care in line with people's individual care plans. People's records contained an overview of relevant conditions, a statement of purpose, and care plans with an evaluation or a brief monthly overview. People's records also included risk assessments in place for a range of care issues including food safety, medicines, accessing the community, fire safety and falls.

We asked care staff about emergency procedures that we had read in the provider's policy document. They were all able to explain appropriately what they would do if for example there was a fire at a person's house or if a person fell and could not get up. Staff were also able to explain processes in relation to a sudden illness to a person with whom they were caring for. We noted that in each person's house the provider had placed a 'service user' file which contained daily report sheets, a care plan and a list of risk assessments with action plans and emergency telephone numbers.

We spoke with people who used the service specifically with regard to meal preparation. They told us that they were given some choice about what they ate. One person told us, "sometimes they help me with meals or prepare the vegetables, but very often, there's not time for this." Another person stated, "they warm up the food." Another said, "they do the sandwiches and breakfast, I choose what I want and tell them what to make." Staff we spoke with were aware of health and food safety issues. They were aware of the nutritional needs of people who they worked with and were able to follow care plans which instructed them with regard to health issues such as soft diets and cultural preferences.

We spoke with office staff with regard to people's capacity to make decisions. Office staff were able to explain how the Mental Capacity Act [MCA 2005] affected their work with people who used the service. These staff were also able to explain how the provider ensured people with issues of capacity received their respective care provision in a manner they wished. Care staff did not fully understand all the implications of the act, but asked people for their consent before providing care and support. People were asked what they liked to eat, how they wanted to dress and their preferences for care delivery. People's consent was obtained about decisions regarding how they lived their lives and the care and support provided.

We looked at staff files and saw all had received regular supervision which was documented and retained in their files. The supervision was completed either in person or by group supervision. We saw in records that the field manager called staff regularly or saw them in the office to discuss relevant issues such as care provision and training requirements or needs.

We were able to read training records and noted that the majority of staff had attained an NVQ (National Vocation Qualification) in care levels 2 or 3 and remaining staff were working towards Qualifications and Credit Framework (QCF) awards..

However most staff told us that they had not received an appraisal in the past year. We spoke with the registered manager in relation to this. She explained she was aware that some staff had not received appraisals and told us this issue was in the process of being resolved.

Additional refresher training took place on an annual basis, for example training on pressure sore management and diabetes. This ensured staff remained informed of relevant issues and were kept up-to-date with guidance and good practice. We looked at the training staff received to ensure they were fully supported and qualified to undertake their roles. Staff told us they completed an induction programme when they started with Training records that we read told us the provider organised and delivered regular training in mandatory areas appropriate for the provision of care to people who used the service. One member of staff told us; "When I started, I completed an induction, which enabled me to feel confident and gave me the skills to commence work." Another member of staff said "I had to shadow a colleague for some time. I completed courses on manual handling, safeguarding, medication and food hygiene training. I felt the training was excellent."

Good

Is the service caring?

Our findings

People who used the service were positive about the attitude and approach of the staff who visited them. Comments included: They are 'good', and 'nice', or 'lovely' girls.' One, person told us,: 'they do it all nicely. It is all very good care.' Others said, "my carer is very empathic, she anticipates things well,", "They are all quite nice girls", and, "I am very well satisfied with what I get." A relative told us, "they are fantastic, really lovely carers, the girls are absolutely lovely."

The registered manager and field manager said they expected staff to treat people who used the service "like they would their own". Staff, who we asked, were very clear that treating people well was a fundamental expectation of the service. One member of staff who we spoke with said that treating people with respect and maintaining their dignity was "drilled into you on training.". Another said "I always sit down and listen to them about any concerns and I encourage them to have a sense of independence, but to listen to them is very important."

Staff understood the importance of maintaining confidentiality and also confirmed this was an explicit expectation of the service.

The registered manager told us that they endeavoured to keep the same group of care staff with people who used the service. People who used the service confirmed that they usually had their care needs met by a small group of staff and that they generally knew who was going to be visiting them. Staff said that they usually had a consistent round so they were supporting the same people. One member of staff said one of the best things about the service was that "it is important that I have regular service users and I can really get to know them." Care workers we spoke to spoke warmly about the people they supported.

One commented "I have a good relationship with my clients and they miss me when I have a day off and they are worried – we have a good chat and a laugh. I know my clients well and have been with the company nearly nine years"

Staff were respectful of people's privacy and maintained their dignity. Staff told us they gave people privacy whilst they undertook aspects of personal care, but ensured they were nearby to maintain the person's safety, for example if they were at risk of falls. A care worker told us "They are very happy to see me and I do my best to be helpful, they tell me what they like and dislike and the family also tells me.When washing them I ask them what is better for you? Some like to do it themselves, some like to dress in the bathroom and some in the bedroom. I give them choice." There were examples where staff had gone beyond the tasks set out on people's care plans to ensure people were happy. For example, one lady had an example of 'above and beyond' care, she reported that, on the day she had been unwell and taken to hospital, the care worker who had helped her "had taken all the washing home herself to do it for me." Another told us that her care worker had taken her flowers on her birthday.

People using the service told us they were involved in developing their care and support plan and identifying what support they required from the service and how this was to be carried out. A person using the service told us, "They do what I want them to." Staff told us, "I ask them what they want. If they want something I just do it," and "It is very important to listen to them and make sure they are happy."

We saw that regular visits and phone calls were being made to people using the service and/or their relatives in order to obtain feedback about the staff and the care provided.

Good

Is the service responsive?

Our findings

We found that people who used the service received care that met their needs, choices and preferences. Staff understood the support that people needed and were given time to provide it in a safe, effective and dignified way.

When people's needs changed, this was quickly identified and prompt, appropriate action was taken to ensure people's wellbeing was protected. We tracked the care of one person who had become unwell . We saw that the service had put in an additional care worker pending approval from the local authority and continued to liaise with the person who used the service and their family to review their care plan and ensure it met changes in her needs. On another occasion when a person had been left with no food or electricity, the service provided these pending re-imbursement. The registered manager told us "we always put the person's need first, sometimes social services don't agree."

Discussions with the registered manager and staff showed they had good awareness of people's individual needs and circumstances, and that they knew how to provide appropriate care in response. Their feedback and records demonstrated the involvement of community health professionals where needed.

People's needs were assessed and care was planned and delivered in line with their individual care plan. Care records we looked at contained assessments of people's individual needs and preferences. There were up-to-date and detailed care plans in place arising from these, showing all the tasks that were involved and outlining how long each task would take, additional forms such as medicine administration charts and body maps were also available. People confirmed that they had copies of their care plans in their homes. A relative told us "We always get involved if there are any changes," and another told us, "The manager is very hands on and is in regular contact."

We found that the service responded positively to people's views about their own care package, or the service as a whole. One staff member described how following a care review with one person, changes were made immediately to the person's care plan. People who used the service were able to contact the office staff at any time.

We found that feedback was encouraged and people we spoke with described the managers as open and transparent. Some people we spoke with confirmed that they were asked what they thought about their service and were asked to express their opinions.

The service had a complaints policy and we were told that this information was contained within people's care plans. We read a copy of the policy which explained how to make a complaint and to whom and included contact details of the social services department, the Care Quality Commission and the Local Government Ombudsman.

People who used the service and their relatives told us they knew how to make a complaint if needed. In the past 12 months the service had received a number of complaints and we saw that these had been thoroughly investigated by the registered manager. Complaint records we looked at showed that all action and learning from these complaints had been undertaken and an apology was sent to the person that used the service. This meant that people could be confident that their concerns and complaints would be listened to and used to inform and improve staff practice.

Good

Is the service well-led?

Our findings

There was a registered manager at the agency. She told us "My aim is to make this into an excellent service delivering the kind of care I expect for my own loved ones" and "we have to have an open door policy as I want staff to feel valued." A relative told us the manager "is always available and ready to listen." Another person said the office was "all polite" when he phoned and "it was all dealt with promptly."

A staff member told us, "She is approachable and knowledgeable, she really knows what she is doing." Others said "the office is very responsive if you need any help they respond straight away" and "The lady manager I know her and if there is a problem she will explain, then say what is the next stage We have good communication but I have no problems with my clients, MiHomecare are very good to work for."

During her time as manager she had made a number of improvements to the service, these included the introduction of a staff newsletter and suggestion box and improved support planning documentation.

Our observations of, and discussion with staff found that they were fully supportive of the manager's vision for the service. Office staff told us that the atmosphere and culture in the service had improved since the manager had been appointed. They said that the environment was much more professional and that communication had improved. One staff member told us "it's so much better, better communication and everything is followed up."

Care Staff told us they received regular support and advice from their managers via phone calls, and face to face meetings. They felt the registered manager was available if they had any concerns. They told us, "I know if I have any problems I can go to them," and "I love my job" They said the home care management team was approachable and kept them informed of any changes to the service provided or the needs of the people they were supporting. Comments from staff included "I would say it is 100% well managed" and "The manager is doing a great job. She is very good."

However some care staff told us they did not feel valued because the rate of pay was too low and as a result were looking for other jobs. One care worker told us" I don't feel motivated there should be more room for promotion, we need a wage rise and letters from the office saying well done on good work would help."

The management team monitored the quality of the service by regularly speaking with people to ensure they were happy with the service they received. The also undertook a combination of announced and unannounced spot checks to review the quality of the service provided. This included observing the standard of care provided and visiting people to obtain their feedback. The spot checks also included reviewing the care records kept at the person's home to ensure they were appropriately completed. One person who used the service told us, "[The manager] comes in in to see us; just to check we are alright." Care staff told us that senior staff frequently came to observe them at a person's home (to ensure they provided care in line with people's needs and to an appropriate standard). A care staff member told us, "they check up on us regularly."

We saw that monitoring forms were completed during their spots checks, and these were attached to the person's 'service user file'. We saw that actions arising from the spot checks were logged.

There were robust systems in place to monitor the service which ensured that it was delivered as planned. The agency used an Electronic Call Monitoring (ECM) system which would alert the management team if a care worker had not arrived at a person's home at the scheduled time.

There was a regular audit done by the provider's quality team within the service. This ensured that the service was able to identify any shortfalls and put plans in place for improvement, for example we saw that the service was making improvements in a number of areas including recruitment and staff support systems . The registered manager told us she received regular support from her regional manager and attended managers workshops at the providers head office, she told us she was intending to introduce some kind of staff reward system in the near future to encourage continued improvements in staff performance and assist with staff retention.

The service was also a member of United Kingdom Homecare Association Ltd **(UKHCA**) the professional association of home care providers

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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.

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.