

MiHomecare Limited

# MiHomecare Hammersmith and Fulham

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

MiHomecare Hammersmith and Fulham is a domiciliary care agency. The service provides personal care to older people and people with physical disabilities. At the time of our inspection there were 265 people using the service.

Not everyone who used the service received personal care. In this service, the Care Quality Commission can only inspect the service received by people who get support with personal care. This includes help with tasks related to personal hygiene and eating. Where people receive such support, we also consider any wider social care provided.

### People's experience of using this service and what we found

People told us they were treated with respect and kindness by the care workers. Most people we spoke with told us that staff arrived on time and stayed for the full duration, however a number of people told us they did not know when staff were due to arrive and were sometimes late. We have made a recommendation about how the service communicates with people who use the service about what they can expect.

People told us the service contacted them to find out their views about the service, but the provider did not always effectively record or respond to feedback. The provider had identified this as an area for development and were due to implement a new system for recording feedback.

Risks to people were assessed with appropriate risk management plans, which conveyed key information about risk to staff. Sometimes risk assessments contained contradictory information which had not been noted in audits. We have made a recommendation about how the provider checks the suitability of risk management plans. Care workers received appropriate training to keep people safe and carry out tasks safely, and people's feedback confirmed this. People received their medicines at the right times with suitable procedures to ensure this remained the case. People were safeguarded from abuse and poor treatment.

Staff told us they were well supported by managers and received appropriate training and supervision. The service passed information about changes in the branch and learning from incidents to staff. People told us they had found the service responded to concerns raised, but both staff and people using the service sometimes found the office difficult to contact.

For more information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the Care Quality Commission (CQC) website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was requires improvement (published 13 November 2020).

At our last inspection we found breaches of the regulations in relation to safe care and treatment and good governance. The provider completed an action plan after the last inspection to tell us what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was now meeting these regulations. We have made recommendations about how the provider audits risk management plans. We will check whether the provider has acted on these at our next inspection.

#### Why we inspected

We carried out this inspection to follow up on action we told the provider to take at the last inspection. This inspection was prompted by a review of information we held about the service.

We carried out an announced focused inspection of this service on 8 September 2020 when breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last comprehensive inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'MiHomecare Hammersmith and Fulham' on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# MiHomecare Hammersmith and Fulham

## **Detailed findings**

### Background to this inspection

#### Inspection team

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

#### Inspection team

The inspection was carried out by 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.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes and in specialist housing. This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave the service 2 days' notice of the inspection. This was because we needed to be sure that certain members of staff would be available to support the inspection.

#### What we did before the inspection

We reviewed information we held about the service, including records of complaints and incidents the provider is required to tell us about. We spoke with contract monitoring officers at the local authority who commission care from this provider. We used the information the provider sent us in the provider

information return. This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We used all of this information to plan our inspection.

During the inspection

Inspection activity started on 21 September and ended on 7 October 2022. We visited the location's office location on 21 September.

We reviewed records of care and support for 25 people and made calls to 27 people who used the service and nine family members. We looked at records of recruitment and induction for 16 staff and spoke with the registered manager, regional manager, regional head of quality and 11 care workers. We reviewed records of electronic call monitoring data for 256 people over a period of one month. We also reviewed records relating to the management of the service, including audits and communications with staff.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. At this inspection we have rated this key question good.

This meant people were safe and protected from avoidable harm.

At our last inspection we found the provider had not ensured that sufficient staff were safely deployed to meet people's needs. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made and the provider was now meeting this regulation.

### Staffing and recruitment

- There was evidence of improved punctuality from the service. The majority of people we spoke with told us their care workers arrived on time and stayed the full duration. People said, "you could set the clock by them" and "The regular ones are always on time and stay." A smaller number of people told us they experienced problems with lateness. Comments included "The regular care comes on time, but [the others] do not", and "they are a bit dodgy with times."
- Planned care times were not always well communicated. The service did not have fixed times for most people, and allocated a window of time in which care workers would visit. People told us this did not always work for them. Comments from people included "The times vary" and "They come at different times." We saw that people's calls were delivered within the agreed timeslots in most cases, and the provider told us they would be improving communication with people around the delivery of care.
- Care workers had enough time to travel between calls and told us they had a consistent group of people they saw regularly. A care worker told us "I am never rushing around."
- Staff were recruited safely. The provider carried out appropriate preemployment checks including obtaining proof of identification, references from previous employment and checking staff had the right to work in the UK. Staff were checked with the Disclosure and Barring Service (DBS). The DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. Recruitment information was not always organised in a way which made it clear which checks were carried out, and we did not see evidence that this was routinely audited.

### Assessing risk, safety monitoring and management

- Risks to people's wellbeing were assessed and managed. However, aspects of risk management were not always effective. The provider's risk management system included default measures for risk mitigation. However, these measures were not always appropriate and the provider had not identified when these measures did not apply.
- Moving and handling plans were clear about how to support people to safely make transfers, however they did not clearly state how many staff were required to safely support people to make particular

transfers, although we found no evidence that people were not receiving support from the right number of staff.

- Key information on risk was conveyed in summary care plans which care workers could easily access. Care workers received training in moving and handling and people told us this was carried out safely. Comments included "They transfer me safely" and "They are trained properly to get [my family member] from the chair to the bed. The provider told us they would review the audit of care plans.

Systems and processes to safeguard people from the risk from abuse

- There were suitable systems and processes to safeguard people from the risk of abuse. The provider had an appropriate safeguarding policy which set out reporting responsibilities. The registered manager ensured that alleged abuse was reported appropriately and took the right action to safeguard people.
- People felt safe with their care workers. Comments from people included "I have 2 excellent carers, they are outstanding.", "they do everything and I feel alright with them" and "they are very nice people actually".
- Care workers had the right skills to safeguard people from abuse. Staff received training in safeguarding adults regularly. The service assessed care workers knowledge of safeguarding by requiring them to complete workbooks as part of their inductions.

Using medicines safely

- People's medicines needs were assessed. Care plans contained clear information on the medicines people took and the support that they needed to take these. This included checking who was responsible for ordering, collecting and administering a person's medicines and any risks associated with these.
- People received their medicines safely. Staff recorded people's medicines support on an electronic system which formed part of the provider's care recording system. This prompted staff to administer medicines and any special instructions associated with doing so, and alerted managers if a medicine was not given as planned. Comments from people included "They prompt me and ask about my medicines" and "[They support] my medicines three times a day and they are very good."
- Care workers had the right skills to give medicines safely. Staff told us they had training on medicines and were confident about how to record this safely. Care workers received training on medicines as part of their inductions and this was refreshed regularly.

Preventing and controlling infection

- People were protected from infections, including those from COVID-19. There were appropriate risk management plans for infections, including a Covid-19 policy and risk assessment for the office. Staff received training in infection control and office staff circulated regular updates to staff on best practice on infection control. Staff confirmed this and told it helped them to follow good hygiene practices during care and support.
- Staff used appropriate personal protective equipment (PPE) to protect people from infection. People we spoke with told us staff used PPE correctly. Care workers told us they could always access PPE as needed. A person told us "They do the gloves, aprons and masks. They keep a box here."

Learning lessons when things go wrong

- The provider had suitable measures to learn from when things had gone wrong. The registered manager followed procedures to record and respond to incidents and accidents. We saw examples of when the provider had investigated concerns about the service. This included conducting disciplinary action against staff and providing additional training and supervision for staff.
- Care workers gave us example of changes made to people's care plans after a change in their needs, including after falls. A staff member told us, "Things get sorted out."



# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

At our last inspection we found the provider had failed to adequately monitor the quality and safety of the service. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made and the provider was now meeting this regulation.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider had addressed concerns about the use of electronic monitoring systems. At the last inspection we found that staff were misusing the system by logging in and out of calls from a considerable distance away. At this inspection we found this had improved. The system used data on care worker's locations to check that they were where they purported to be. The provider monitored this system and took appropriate action to address anomalies and concerns.
- Other aspects of audit needed to improve to ensure that documentation was appropriate to continue to meet people's needs. Risk assessments contained inaccurate information and mistakes and some information was not well organised. The provider's audits had failed to address these issues. We recommend the provider take advice from a reputable source on ensuring effective audit of risk management plans.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People received care from carers who engaged with them positively. Comments included "They are quite alright", "I am very happy" and "The carers are very helpful, I have good carers."
- People told us the service engaged with them and responded to feedback, but sometimes struggled to contact the office. Comments included "I can call the office", "I complained and [the care worker] never came back" and "[there were problems only when we first started but they were teething problems like with everything. They sorted everything out quickly. However, people told of negative experiences of contacting the office, especially out of hours. Comments included "It is quite difficult to get through on the phone, as they don't pick up" and "I've had issues when it's out of hours - I've left messages that don't get back to

anyone."

- The service engaged with people to ensure they were happy with the quality of care, however this information was not always accurately recorded. Comments from people included "The co-ordinator comes out to check how things are going every so often" and "someone called the other week." We found that records of quality monitoring calls were formulaic and did not fully capture people's views on their care. The provider had identified that this system needed to improve and showed us an example of a new way of capturing engagement that they would be implementing in the coming months.
- Care workers told us that they felt well supported in their roles. This included positive feedback about the training and support they received and times they had been supported during personal difficulties and sickness. A care worker told us, "My co-ordinator is helpful if I have a problem". However, some care workers told us that the office could be difficult to reach, and often relied on alternative numbers to reach supervisors.
- The provider engaged with staff through team meetings and communications. This included circulating information on significant changes to operations and relaying expectations of care workers.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- The provider understood their responsibilities under the duty of candour. There was a clear process in place for responding to complaints and concerns and notifying appropriate parties.
- People told us the service developed in response to their feedback. Comments included "I only complained when they [sent] lots of different people, they listened to me and now I don't", "I told [the co-ordinator] and they didn't send [the care worker again] and "I said that was not OK, now the times are better."
- The service worked to improve and develop continuously. Since our last inspection the provider had implemented an improved system for planning and delivering care, with standardised systems across the provider's services. The provider used team meetings to discuss themes that had emerged from recent incidents and had implemented systems to address these. For example, they had identified a number of cases where people had developed sepsis and a need to improve knowledge around swallowing difficulties and had made flash cards and resources available for staff to improve their awareness.

Working in partnership with others

- The provider worked in partnership with other organisations providing care. This included information sharing with health professionals and specialist housing providers and ensuring they understood the responsibilities of other parties involved.
- The service worked in partnership with the local authority to develop the quality of the service. The local authority met with them regularly to review quality and overcome problems and undertook home visits with people who used the service.