

MiHomecare Limited

MiHomecare Kensington and Chelsea

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

At the time of the inspection, the location did not care or support for anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

About the service:

MiHomecare Kensington and Chelsea is a domiciliary care agency which provides personal care and support to people living in their own homes. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of our inspection 127 people were receiving personal care support.

People's experience of using this service

Right Support: Most people told us they felt safe. The provider had made many improvements to the standards of risk assessments and care plans since the last inspection. However, despite many improvements we identified risk assessments continued to contain some conflicting information about risks. Medicines were managed safely but further improvements were also required to ensure all medicines risks were known by staff. The provider continued to follow safe recruitment processes.

Right Care: People's experience of care had improved, however, some people continued to tell us they did not get their care visits at regular times. There were systems and processes in place to gather feedback about people's experience of care however, people were not asked about their experience of visit times so the provider had not identified this as an ongoing issue.

Right Culture: There were quality assurance processes in place but these were not always effective as they had not resolved all the issues we found with risk assessments, medicines and the inconsistent times of care visits. Staff told us they were supported by senior staff to enable them to carry out their role. The provider was working well with external partners and other professionals.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

At the last inspection, the service was rated as requires improvement (Report published 7 November 2022) and there were breaches of regulation. Although we found improvements had been made further

improvements were required and the service remains requires improvement.

Why we inspected

We undertook this inspection to check whether the Warning Notice we previously served in relation to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met and whether the provider had made the improvements set out in their action plan. At this inspection we found the provider had made many improvements to safety but further improvements were required with care records and quality assurance processes.

This report only covers our findings in relation to the Key Questions Safe and Well-led. 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 remains Requires Improvement based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for MiHomecare Kensington and Chelsea on our website at www.cqc.org.uk.

Enforcement:

We have identified a continued breach in relation to good governance. We have sent the provider a Regulation (3) letter in relation to their ongoing failure to operate systems and processes to assess, monitor and improve the quality and safety of the services provided. A regulation 17 (3) letter stipulates the improvements needed to meet the breaches of regulation, seeks an action plan explaining what the provider will do to make improvements.

Follow up:

We will meet with the provider to discuss how they will implement their action plan and make the required changes to ensure they improve their rating to at least good. We will work alongside the provider and local authority to monitor progress. If we receive any concerning information we may return to 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 not always safe.

Details are in our Safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our Well-led findings below.

Requires Improvement ●

MiHomecare Kensington and Chelsea

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection Team

The inspection was carried out by 2 inspectors and 2 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 houses and flats and specialist housing.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

Inspection activity started with calls to people receiving care and their representatives on 3, 4 and 5 July 2023. We also received a range of documents related to the management of the service and quality assurance on 20 July 2023 in preparation of the site visit which took place on 7 September 2023." We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or

registered manager would be in the office to support the inspection.

What we did before the inspection

We looked at information we held about the service. This included details about incidents the provider must notify us about, such as allegations of abuse and serious accidents and incidents. We also reviewed all other information sent to us from other stakeholders, for example the local authority and members of the public.

We used the information the provider sent us in the provider information return (PIR). 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 took this into account when we inspected the service and made the judgements in this report.

During the inspection

We reviewed 10 people's care and medicine records. We analysed electronic call monitoring (ECM) data for all people. We looked at 7 staff files in relation to recruitment and supervision. We also looked at policies and procedures and records related to the management of the service. We spoke with 20 people receiving care and 2 relatives. During the visit to the office we spoke with the registered manager and the regional head of quality. We sent feedback questionnaires to 66 care workers and we received 10 responses. We also made calls to a further 4 care workers and a care coordinator to get their feedback about the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated requires improvement. The rating for this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

At the last inspection we found risks to people were not always adequately assessed and there was limited information in place for staff to ensure some risks were mitigated. This placed people at risk of harm and was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Sufficient improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- The provider's system for identifying and managing risks had improved. At the last inspection we found many risks had not been identified and there was insufficient guidance in place for staff to ensure they understood how to manage risks. Risks were now being identified and there were a range of risk assessments in place and guidance for staff on how to manage risks.
- Despite much improvement in the provider's systems and processes we found further improvements were needed. The risk of harm from fire was being assessed, however, we found care plans were not always clear on what action had been taken to reduce risks and guidance for staff needed more detail. One person's care plan showed they were at increased risk of harm from fire due to reduced mobility and being a smoker. The care plan for this person did not contain sufficient guidance for staff on actions they should take to support the person to reduce the risks during care visits. We discussed this with the provider and they have agreed to encourage the person to have a home fire safety check and update the person's care plan to improve guidance for staff.
- When carrying out assessments staff were asked to indicate whether there were carbon monoxide alarms or smoke alarms fitted in people's homes. We found many examples which did not make clear whether both of these were present. We raised this with the registered manager and they will be adapting their assessment tool to ensure this is recorded accurately.
- At the last inspection we found the risk of falls was not being adequately assessed. Although improvements had been made we found some falls risk assessments were not completed fully with all known risk factors. One person's care plan showed they were living with Parkinson's disease; however their falls risk assessment did not consider this as a risk factor. Another person's fall assessment stated they had no neurological or endocrine conditions although they had suffered a stroke and had type 2 diabetes. We discussed this with the provider and although these examples did not mean people were exposed to increased risk they have made the necessary improvements.
- There were skin integrity assessments in place and guidance for staff on what to do to mitigate the risk of skin breakdown. However the provider's skin integrity risk assessment tool did not consider health

conditions such as diabetes and stroke as a risk factors for skin breakdown. Conditions such as diabetes and stroke can increase people's risk of developing pressure sores. We raised this with the provider and they have agreed to review their process for assessing the risk of skin breakdown.

- Most people felt safe with the care they received. We received comments such as, "I feel safe with my regular carer who is well trained and very caring" and "Yes, I have no concerns about safety."

Using medicines safely

At the last inspect we found people's medicines were not always managed safely. The failure to ensure safe management of medicines and follow best practice guidance was a breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Sufficient improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- At the last inspection we found many discrepancies with the recording of medicines administration and occasions where medicines were not given as planned. We found the provider had made many improvements and people were getting their medicines as planned.
- Despite general improvements with the management of medicines, further improvement was needed. One person was taking an anti-coagulant medicine but the additional risk of bleeding associated with this medicine were not considered and there was no information in place to ensure staff understood the person was at increased risk of bleeding.
- Another person was taking a medicine which meant they should avoid consuming any food or drink containing grapefruit. The warning about taking grapefruit was not clearly displayed in the person's care plan and MAR so we could not be assured all staff would be aware of the risks. We raised this with the provider who has reviewed this person's care plan to ensure this information is clearly visible to all staff.
- One person's medicine administration record (MAR) indicated the medicines had been left for the person to take later. However, the care notes for these days were contradictory as they stated that medicines had been administered by staff.
- The provider carried out audits of people's MARs and reviewed medicine risk assessments but had not identified the risks we found. We raised this with the provider and they have made the necessary improvements.
- Staff completed safe medicines support training and the provider assessed their competence to provide this.

Staffing and recruitment

At the last inspection there were persistent complaints about late and missed visits and not getting support from regular staff. The provider had failed to ensure sufficient staff were deployed to meet people's needs. This demonstrated a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Sufficient improvement had been made and the provider was no longer in breach of regulation 18.

- At the last inspection we found people were at risk of harm as the systems did not prevent missed visits. Improvements had been made and there were no recent incidents of missed care visits.
- People told us and records confirmed that people were getting more consistent support from regular staff.
- The service followed safer recruitment processes. There was a system in place to ensure that all pre-

employment checks were completed before staff started work. Checks included people's right to work in the UK, employment history, references from previous employers and Disclosure and Barring Service (DBS) checks. The DBS provides information on people's background, including convictions, to help employers make safer recruitment decisions.

Learning Lessons when things go wrong

- There were systems in place to record accidents and incidents. Staff understood their responsibility to report these to the registered manager.

Systems and processes to safeguard people from the risk of abuse

- Staff had a good understanding of safeguarding procedures. They knew who to inform if they had any concerns about abuse or safety and how to escalate their concerns if they were not satisfied their concerns were being taken seriously. One member of staff told us, "There is guidance in our handbooks. We can report concerns about co-workers or managers to a higher manager in the company. We can escalate and if nothing is done we can tell CQC, social services or the police."
- The registered manager was aware of their responsibility to report safeguarding concerns to relevant organisations including the local authority and CQC.

Preventing and controlling infection

- The provider ensured procedures were in place to prevent and control the risk of infections. People told us they were satisfied that staff followed safe hygiene and wore appropriate PPE. One person told us, "They are clean and tidy enough for me."
- Staff told us they had access to appropriate personal protective equipment (PPE) to prevent the spread of infection and the registered manager often spoke with them about their infection prevention and control (IPC) responsibilities and they had enough PPE to carry out their role. One member of staff told us, "Yes, plenty of PPE is available, I did IPC training earlier this year in my refresher" and "They looked after us well during the lockdown and they continue to prioritise keeping us safe and keeping our clients safe."

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 the last inspection this key question was rated as 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, safe care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At the last inspection the provider was failing to assess, monitor and improve the quality and safety of the service which was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made and the provider continued to be in breach of regulation 17.

- At the last inspection we found quality assurance systems were not effective as they had not identified all the issues we found with care plans, risk assessments, medicines support and the anomalies with care visit times. At this inspection the quality of care plans and risk assessments had improved, however, we continued to find conflicting information in care and medicine records which had not been resolved through the providers quality assurance processes.
- Despite overall improvements with people's experience of care, further improvements were needed as people still did not always receive care visits at regular times. The registered manager told us that care visit times were agreed with the individual and local authority and people could expect their care visit within 15 minutes before or after an agreed time. In practice this was not always happening and the electronic care monitoring records (ECM) showed planned visit times and actual visit times varied up to 2 hours difference for some people's visits.
- Some people told us the different visit times meant they were not able to take their medicines at regular times. We did not find any evidence that these medicines were time-critical, however the varied times would make adhering to guidance about taking medicines with or after food more difficult.
- Ongoing issues with timekeeping was reflected in the feedback we received. We received comments such as, "The timings aren't good at all. They are often too close together and the first one turns up late then the second one comes really early which isn't helpful" and "They mess up the timings at least 2 or 3 times a week." We raised this with the registered manager and they could not explain why the planned visit times were so inconsistent.

The failure to assess, monitor and improve the quality and safety of the service was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider ensured there were regular spot checks of staff delivering care. The form used to record the

spot check did not capture individual information about staff performance. The provider told us they were working on improving this to allow senior staff to record more individual information.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

At the last inspection, we found the system for seeking feedback from people receiving care was not effective and did not drive improvements to standards of care. The failure to assess, monitor and improve the quality and safety of the service was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Although some improvements had been made, further improvements were needed and the provider remained in breach of Reg 17.

- The provider was actively seeking feedback from people and the most recent survey found people were generally satisfied with the care. However the issues with timekeeping had not been identified by the provider as they did not ask people about staff attendance times when gathering feedback, despite this being a fundamental concern during the last inspection.
- The provider had not made necessary improvements based on feedback from people. One person told us, "I have spoken to the office several times about the timing for my medication in the morning and they are not very helpful."

The failure to assess, monitor and improve the quality and safety of the service was a continued breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager arranged regular staff meetings to discuss the quality of the service, plan improvements and keep all staff up to date with relevant information. One member of staff told us, "The meetings can be very helpful and a chance to meet new managers in person. In this job we are out every day so it is good to get the chance to go to the office and catch-up."

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- Despite ongoing issues with timekeeping for some people, in general people's overall experience of the care they received had improved and many people told us they were happy with the care provided especially when they received care from regular staff that knew them well. We received comments such as, "I am happy with my regular carers. They are good and competent and help me move around, they know what they are doing so the regular ones are good" and "I have a regular carer in the morning, and a different person comes in the evening. They are both very good."
- Staff feedback about the service had improved since the last inspection. In general staff felt much more supported by senior managers. We received comments such as, "The [registered] manager is a lovely person, very approachable" and "The support we get from the coordinators and field care supervisors is amazing, they are always there for us."

Working in partnership with others

- The service had made improvements in the way they worked with other stakeholders. One member of staff told us, "I liaise with social workers and district nurses, and family members to try to ensure people get continuity of care."
- Partnership working with the local authority commissioners had improved. One professional told us,

"MiHomecare sends their action plan efficiently and they are demonstrably working towards reaching their targets."

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider failed to assess, monitor and improve the quality and safety of the service effectively. The provider had failed to ensure people received a consistently safe service.</p> <p>Regulation 17 (1) (2)</p>