MiHomecare Limited

# MiHomecare Cambridge

## Inspection report

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04 September 2018
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11 September 2018

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## 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 |

# Summary of findings

## Overall summary

This announced inspection took place between the 4 and 11 September 2018. This is the first inspection of MiHomecare Cambridge since it was registered in September 2017.

MiHomecare Cambridge is a domiciliary (home care) care agency. It provides personal care to people living in their own houses and flats. It provides a service to younger people, older people, people living with dementia, people with a physical disability and people with sensory impairments. Not everyone using MiHomecare Cambridge receives the regulated activity of personal care. CQC only inspects the service being received by people provided with personal care, help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

At the time of our inspection there were 191 people using the service.

A registered manager was in post. 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.

The service was safe. People were safeguarded by staff who knew how to recognise and report any concerns. The provider identified risks to people and managed them well. Sufficient staff were in post and the recruitment process for new staff had helped ensure that only suitable staff were employed. Lessons were learned when things had not gone well and prompt action was taken to keep people safe. Staff administered medicines and managed them safely. Staff helped people to maintain a clean environment.

The service was effective. Staff met people's needs and had the right training and skills to do this effectively. People had a varied and healthy diet and enough to eat and drink. People were enabled to access health care services. People were given choice and control over their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice. The registered manager worked with other organisations such as the local authority who were involved in people's care to help ensure that when people used the service they received consistent care.

The service was caring. People were cared for by staff and supported in a compassionate way. People's privacy and dignity were promoted and respected. People were supported and encouraged to use an advocacy service if this was required. People using the service were involved in deciding how their care was provided. People were treated with fairness whatever their needs were.

The service was responsive. People received person-centred care that was based on their needs. Staff used mobile phones to record their care visits to enhance the quality of people's lives. The provider encouraged people to raise concerns when required. Concerns were responded to effectively and this helped drive improvement. Systems were in place to support people, staff and family members if any person needed

support with end of life care.

The service was well-led. The registered manager led by example and ensured the staff had the right skills and values. Staff worked as a team to help people and each other. Procedures were in place that were effective in identifying and acting on improvements when these were needed. People had a say in how the service was run. The registered manager provided support to staff in a positive way. An open and honest staff team culture was in place. The registered manager and staff worked in partnership with others including the local safeguarding team.

Further information is in the detailed findings below.

## 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.

Staff kept people safe and reported any safety concerns promptly.

Staff identified and managed risks effectively.

Only staff who were deemed suitable were recruited.

### Is the service effective?

Good

The service was effective.

Staff had the right skills to meet people's needs.

Staff understood how and when to make decisions about people's care and support.

Staff ensured people ate and drank sufficiently.

Staff supported people to access healthcare services.

### Is the service caring?

Good

The service was caring.

Staff members showed compassion and kindness to people.

The staff team respected people's privacy and dignity.

Advocacy was provided to people when required.

### Is the service responsive?

Good

The service was responsive.

Staff were aware of people's care needs.

The registered manager recorded complaints and action was taken to prevent recurrences.

Policies and procedures were in place if any person required end of life care.

## Is the service well-led?

Good

The service was well-led.

People using the service had a say in how the service was run.

Audits and quality assurance systems were effective in identifying areas for improvement.

The registered manager and staff worked well with external stakeholders to provide people with joined-up care.

# MiHomecare Cambridge

**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 checked 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.

This announced inspection took place between 4 and 11 September 2018. The inspection was undertaken by one inspector 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. Their area of expertise was caring for older people and people living with dementia.

We gave the service five days' notice of the inspection site visits because some of the people using it could not consent to a home visit from an inspector, which meant that we had to arrange for a 'best interests' decision about this. We also gained people's and relatives' consent for us to call them by telephone.

Before the inspection the provider completed a Provider Information Return (PIR). This is information we require providers to send us at least annually. This provides us with information about the service, what the service does well and improvements they plan to make. We used this information to assist us with the planning of this inspection. We also looked at other information we held about the service. This included information from responses to our survey questionnaire as well as notifications the provider sent to us. A notification is information about important events which the provider is required to send to us by law such as incidents or allegations of harm.

Prior to our inspection we contacted the local safeguarding authority and commissioners of the service to ask them about their views of the service. These organisations' views helped us to plan our inspection.

On the 4, 5 and 7 September we spoke with 10 people who used the service, and four relatives of people who were not able to speak with us. On 10 September 2018 we visited the provider's office and we spoke with the registered manager, the quality performance manager, two field care supervisors and three care staff. On 11 September 2018 we spoke with a further three care staff.

We looked at care documentation for five people using the service and their medicines' administration records. We also looked at three staff files, staff training and supervision planning records and other records relating to the management of the service. These included records associated with audit and quality assurance, accidents and incidents, compliments and complaints.

Good

# Is the service safe?

## Our findings

The provider had systems in place to help to protect people from the risk of abuse. Staff received training in safeguarding and they knew about the reporting processes in place should they have any concerns about a person's safety.

Staff made sure they secured people's homes when leaving. Staff treated people equally and they were treated with respect. One person told us, "I completely trust [staff]. If I had any concerns I would call the office." One staff member told us, "I would recognise if a person was being harmed in any way. Whether this could be bruising or the person being withdrawn, scared or very upset. I would report this straight away to the [registered] manager."

The provider carried out robust recruitment practices to promote safety and ensure staff employed were suitable for the role. Appropriate checks were carried out on potential new staff before they were employed. These included photographic identity, previous employment history, references and criminal record check.

People had risks to their health and wellbeing individually assessed and managed, for example risks of skin breakdown or moving and handling. People's care plans contained information for staff as to the severity of risk and how to manage this. One person told us, "I feel very safe with [staff]. I need some help to stand. [Staff] don't do anything that could put me or themselves at risk." A relative said, "[Staff] are all very good at helping my [family member] have a shower. They keep the floor tidy and clean." One staff member told us, "If a person needs moving and handling we are trained how to do this in the person's home and how to use their hoist and slings.

There were sufficient staff with the right skills to meet people's needs effectively and in a timely manner. We found, and people and relatives confirmed, that staff in most of their care visits arrived on time and stayed until all the person's care needs had been completed. One person said, "The regular care staff let me know if they have been delayed at the previous person's home." All the relatives and people we spoke with had not had a missed care visit. Staffing levels were based on people's individual needs and fluctuated on a day-to-day basis according to the support each person needed. For example, any changes to people's care visits and care needs. The staff rota reflected this.

People received their medicines safely and as prescribed. Staff received training to administer people's medicines and were assessed competent to do so. Medicines administration records (MAR) were accurate and gave staff the information they needed to administer medicines correctly such as for time-specific medicines. One person told us that staff always filled in their MAR and signed for each medicine that was administered. Another person said, "I have some new medicines and [staff] check to make sure I am taking them correctly." Systems were in place to make sure people had their medicines as prescribed such as colour-coding the MAR for different times of day.

The provider had systems and training in place to support the prevention and control of any infections. Staff adhered to the provider's policies by wearing protective clothing, including gloves, when giving personal

care to prevent the spread of infection. One staff member said, "I always wash my hands and change my gloves after applying any topical creams. I also make sure food is stored in the fridge or covered up." This helped prevent potential infections as well as reducing the risk of them spreading.

Lessons were learned and improvements made when things went wrong. The registered manager investigated complaints, accidents and any incidents of concern. Prompt action was taken to resolve issues, improve practice and prevent reoccurrence. For example, to help to prevent missed visits staff rotas were re-checked for accuracy and staff were sent reminders by text message details of their next visit. This had reduced the number of missed visits.

Good

# Is the service effective?

## Our findings

Staff were trained, competent and able to meet people's needs effectively and without discrimination. They were supported to keep their knowledge updated and in line with best practice guidance, for example, dementia care and medicines' administration in the community. People's needs were reassessed regularly. One person told us, "Office based [staff] come to see me (face-to-face) to go through all my care needs regularly. If there are any changes they make these and amend my care plan." Another person told us that staff fully understood how to help them with their health condition and made sure they provided support very carefully with this in mind. The person said, "We just get on with it all. In the morning they help me wash and dress and in the evening, they help me (get to bed)." Staff with the right skills worked together with each person to successfully meet their needs.

Staff had completed the provider's mandatory training and were provided with regular updates on other training to help keep them up-to-date with any changes. Subjects staff were trained in included dementia care, moving and handling, fire safety, first aid and the Mental Capacity Act 2005 (MCA).

The registered manager ensured that staff were supported with regular supervision and observation of their working practices. One person said, "[Staff] do know me well. I have no worries about their skills. I sometimes have to help new staff but that is to be expected until they get to know me better." One staff member said, "My supervision is a real chance to say how things are for me. If I ask for more support I get it." Another staff member told us that their induction had prepared them well for their role as a care staff member with shadowing of experienced staff and guidance from them. Staff got to know people well at an early stage and this helped people live more independently.

Staff supported people to have a healthy and balanced diet. Care plans contained information which enabled staff to support people properly with eating and drinking – for instance, if a person needed a low sugar diet or their food to be cut up. One person said, "[staff] help me prepare breakfast and meals for the day. There is always enough and they leave me drinks too." Another person told us they could eat their favourite home-made porridge and choose food together from the cupboard to eat later.

The service worked together with GPs, community nurses and occupational therapists where needed to ensure joined up care. Staff kept people's relatives informed about their family members health status if needed. One person said, "I make my own appointments but I am sure [staff] would call them if needed." People were given help and support to access health services such as opticians and GP services to help them live healthier lives.

The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to make decisions for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA.

Staff helped to determine if any person who needed to have their mental capacity assessed. This included decisions people could make as well as those they needed support with such as, choosing clothes to wear or food and drinks to consume. One person told us, "I choose what time my care is. It's me who decides what to do with my day. [Staff] know I need to help to eat but they always ask first."

Policies and procedures as well as staff training on the MCA helped identify anyone who needed advocacy or additional support in making decisions. People's mental capacity and ability to make decisions was respected by staff who understood the principles of the MCA. People were offered choices in all areas of their care and wellbeing. One staff member said, "I always assume a person can make their own decisions. Sometimes I may prompt them but it's their choice as to how independent they want to be." Staff were aware that people were supported to make decisions about their health and welfare such as by a relative or appointed advocate through the Office of the Public Guardian (OPG). The OPG protects people who may not have the mental capacity to make certain decisions for themselves, such as about their health and finance.

Good

# Is the service caring?

## Our findings

People received a caring service from staff who showed compassion and kindness. One person said, "[Staff] help me with most things and they are very careful. They even helped me cancel an order with the milkman. They always ask if there is anything else that needs doing before they leave." Another person told us, "The staff are very friendly and it's like having a friend here. I get treated very well." A relative told us that care staff had developed a good rapport with their family member. The relative said, "[Staff] can seem to read their moods and even if they are having a down day they seem able to connect. Staff's caring approach and commitment helped people to keep or regain their independence.

A common theme throughout our inspection was how complimentary people were about the care they received and people often referred to staff as being more like a family member. Staff were also consistent in their approach to people's care. One person told us they had developed a real friendship with their care staff. The person explained, "I don't know what I would do without them to be honest. They are all kind and are helping me to stay at home. We have a good rapport and a laugh sometimes." A relative told us that staff knew their family member living with dementia well and that as a result they knew when the person was happy, sad, or just needed a drink.

Although not everyone had the same member of staff to care for them, the people we spoke with confirmed how considerate staff were. Other people liked to have different staff. One person told us, "It's nice to have other staff as it's a surprise. I like the conversations we have." Another person said, "The staff I see most know me well. We chat about things and they take an interest. It's the little things like getting to know each other." Where people required specific care staff, this was provided for.

People told us they were spoken with in an appropriate and sensitive way. Records showed us how people's care staff had been changed to better match personalities. Most people received help from having regular care staff who knew them well. One staff member told us, "I am quite new but I am always introduced to each person I am going to be caring for. I do read the care plans but people often tell you before about what they want." Staff promoted equality and diversity and supported people to be involved in their care as much as they wanted to be, and as much as they were able.

Care coordinators and senior staff also kept in regular contact with people by working some care shifts as well as contacting people by telephone and in person. Information they gathered was held securely and only shared where people had agreed to this. One person said, "[staff] have taken note of how I like my porridge. They always ask about my life and family. It's lovely." People received a service that was based on their individual needs.

We found staff promoted people's independence, privacy and dignity. One person told us that staff helped them to wash and shower. Staff got towels and clothes ready, closed curtains and doors and kept the person's dignity intact. Another person said, "[Staff] only come upstairs when I am ready. Only one staff member comes in the bathroom to give me more privacy." Staff gave people time to undertake their own care or aspects of it. For example, by enabling people to wash or dress themselves as much as practicable.

One relative told us that staff did not talk over their family member which was important, as was having a laugh to keep them relaxed. People were treated with respect no matter what their care needs were.

Good

# Is the service responsive?

## Our findings

People told us that staff were responsive to their care needs and they received their care in a way they preferred it. For example, one person said, "It is important to get my sling and hoisting right. [Staff] involve me by asking all the time if I am okay." Another person said, "I have [health condition] and like to do as much as I can. They respect that and don't take over."

We found most care plans contained sufficient detail about people's needs such as for moving and handling, oral care and how staff needed to help with dressing and washing. People could also request if they wanted their care at a particular time. Staff could tell us in detail however, how each person was cared for and supported. For example, one staff told us, "I have to hoist a person with another staff member. We both know exactly how to do this from the bed to the bathroom."

There was a complaints procedure in place so that people knew how and who to complain to. People's complaints were resolved satisfactorily and actions taken helped to ensure they did not reoccur. Over the past seven months there had been a significant reduction in complaints. One person told us they had complained about a late meal due to a late care call but that had not happened again since. Another person told us how their care staff had been replaced by staff who were of a similar age and shared interests. This improved the way that staff responded to the person's needs more appropriately. Other people told us that they knew which number to call and how to raise concerns but had not had cause to complain about anything.

Information was available should any person or relative require guidance about end-of-life care. This included the use of palliative care teams, health professionals and bereavement counselling. One person told us that if needed they would liaise with their [nurse]. The registered manager told us that if external health professionals were needed, they would be accessed. Where people had a power of attorney for their health and welfare, end of life care decision records were in place for staff to follow these.

Staff were provided with end of life care training as well as having advanced discussions with relatives on people's preferences where possible. One person told us, "I would speak with my [nurse] if I needed any other information." Another person told us how it was important for them to have staff who knew them well to help them prepare for the future. One relative had complimented the staff for the way they had supported them following a bereavement.

The registered manager had signed up to the latest guidance for when people may need emergency or urgent end of life care. This helped them to access the latest guidance and information about end of life care. The provider's Statement of Purpose (this is a document which tells people about the service and how it is provided) supplied people with information should they need end of life care or support to relatives and loved ones.

Good

# Is the service well-led?

## Our findings

The registered manager was supported by a quality performance manager, field care staff, care coordinators and care staff. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. We found that they had notified the Commission about events that they are required to do such as safeguarding incidents.

People told us that they wanted to be notified of which member of staff would be coming to support them and what time. We found that they were no longer informed about these details. One person told us that the office staff used to send a time sheet for care visits but they hadn't since 2017. Another person said, "I used to be sent a letter with my care staff's details and timings on it." A third person told us that unannounced changes to care staff were a problem as it affected the continuity of their care by having to tell staff what to do. This frustrated the person when care staff had to ring the office to see who was coming next. A relative said, "It is important for my [family member] to know who's coming. They find it very frustrating and difficult to deal with." Another relative told us that the timing of the care visit was important so they would know when care staff were due to support their family member.

The registered manager told us that the system of care staff rosters being posted to people had been withdrawn due to data protection and cost reasons. However, this system stopped without an alternative means being considered or how no longer having this information may affect people. The registered manager told us they would reconsider this matter and look at alternative options.

Not all care plans had sufficient information or detail about people's care. One staff member told us that it depended on who had written the care plan as to how detailed they were. This had been identified by the registered manager and improvements to care plans were being implemented. During our inspection the registered manager updated and revised care plans for two people to include additional information about how they were supported with moving and handling.

The registered manager and staff who had a supervisory role visited and telephoned people in their homes to ask about the quality of staff's care. This was to make sure staff adhered to the providers values and delivered a good standard of care. One person said, "All the care staff are very good. I have different ones but they care for me consistently. I can't fault the quality of care." One staff member told us, "It's nice to work where we all work together to give every person the same quality of care." Another staff member said, "My supervision, training and shadowing of experienced staff has given me the skills I need. If, however, I need any other support, I just call the office staff or ring the out of hours staff. My requests are always supported. Nothing is dismissed. That's important to me."

The service enabled and encouraged open communication with people using the service or their representatives. This included a survey where the provider gathered feedback from all its services. One person told us, "If I ever had any concerns about my care I would call [registered manager] or their deputy.

The phone is usually answered straight away. I've not needed to raise any so far." A relative said they would recommend the provider and that all the care staff were very nice." We found that where improvements were needed with the quality of people's care these had mostly been acted on. For instance, additional office staff being employed and more robust checks for staff's deployment. The provider gave people Feedback on the action taken and this openness gave people assurance the action had been effective.

We saw staff were supported in their role and treated equally well. This included shadowing experienced staff and regular updates on their training. Team meetings for staff was an opportunity to remind them of the standard of care expected as well as praising staff for their work such as in the severe winter and summer weather. We found that the registered manager had developed an open and honest staff team culture. One staff member told us, "Since the [registered] manager had started we have felt more listened to and that a more supportive culture was in place." Staff understood the importance of their role and working as a team. One person told us that all their care staff were interested in them and they all had skills to talk through any difficult subjects. The person said, "[Staff] listen to my views and take them on board. I feel I can tell them anything [in confidence]."

Most audits, quality assurance and governance systems were effective in identifying and driving improvements. However, these had not always identified issues including the impact of removing the system that notified people of their care visit details. The registered manager regularly asked people for their views about the service and if anything could be improved.

The registered manager understood their role in reporting incidents such as safeguarding to the Care Quality Commission as well as other stakeholders involved in people's care including commissioners of the service. One common theme in the compliments about the service was how well staff worked together and how smoothly things ran as a result. One relative commented: "The work [the provider] does changes the lives of the people you care for. We always know that [family member] is being well cared for."

We found the registered manager had made a difference to the overall quality of the service by working with external stakeholders. This had led to people living a life they may not otherwise have been able to. One staff member told us, "We spent time with one person to fully understand their needs and how we could make their life meaningful. They now go out in the community and do things which are age related." Following a local authority visit improvements had been sustained in areas such as, staff supervisions and completion of their mandatory training. Other improvements had been made such as giving staff a bigger say in how they could be supported more positively and this had resulted in a reduction in complaints.