

MiHomecare Limited

MiHomecare High Wycombe

Inspection report

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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

About the service

MiHomecare is a domiciliary care agency (DCA). The service provides personal care services to people in their own homes or people in supported living arrangements. At the time of our inspection 100 people received personal care as the regulated activity.

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.

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

The registered manager had a clear understanding of their responsibilities in supporting staff to identify and openly report any concerns relating to harm or abuse. Incidents and accidents were investigated, and actions were taken to prevent a recurrence. Training records confirmed, and people told us staff followed infection control and prevention procedures.

People's needs were assessed, and care was planned and delivered to meet legislation and good practice guidance. Care was delivered by staff who were trained and knowledgeable about people's care and support needs.

People and their relatives were positive about the service and the care provided. People's dignity, confidentiality and privacy were respected, and their independence was promoted. People's rights to make their own decisions were upheld. People were encouraged to maintain good diet and access health services when required.

People received their medicines as planned and systems were in place for the safe management of medicines. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Why we inspected

MiHomecare is a new service. This service was registered with us on 22 January 2019 and this is the first inspection.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection programme. If we receive any concerning information we may inspect sooner.

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

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 effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

MiHomecare High Wycombe

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. 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 Care Act 2014

Inspection team

The inspection team consisted of one inspector and one 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. The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection

We gave the service 24 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 inspection

We reviewed information we had received about the service since the last inspection. We looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law. We used all this information to plan our inspection. This information helps support our inspections. We used all of this information to plan our inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and

improvements they plan to make.

During the inspection

We spoke with four relatives and 13 people about their experience of the care provided. We spoke with three members of staff, the provider and the registered manager.

We reviewed a range of records. This included 10 people's care records and medicines records. We looked at five staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures, were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good
This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they were safe. One person said, "I definitely feel safe with my carers they are all friendly". Another person said "I have been having 24 hr care from this agency now for the last 6 months. As well as the live in carer other come in four times a day to help her and I feel really safe with all of them."
- The registered manager had a clear understanding of their responsibilities in supporting staff to identify and openly report any concerns relating to harm or abuse.
- The provider had safeguarding policies in place and the registered manager worked with the local authorities' safeguarding teams and reported any concerns promptly.

Assessing risk, safety monitoring and management

- Risks to people's well-being were assessed, recorded and staff were aware of these. The risk assessments covered areas such as falls, mobility, pressure care, choking and epilepsy. Staff were familiar with and followed people's risk management plans. For example, one person was at risk of falling. Two staff were required to support this person to transfer, to ensure they remained safe. We saw two staff were consistently deployed to support this person.
- Daily care records demonstrated staff had a good knowledge of people's risks. Staff were trained to meet individual needs and to understand the risks associated with peoples care.
- The provider had a system to record accidents and incidents, we saw appropriate action had been taken where necessary.

Staffing and recruitment

- The service had enough staff to support people in a consistent way. Staff told us they had regular breaks at a time that suited the people they supported. During breaks we saw that other staff were deployed effectively to provide the care people needed.
- The staffing rotas confirmed there were sufficient staff deployed to meet people's needs.
- People were protected against the employment of unsuitable staff as the provider followed safe recruitment practices.

Using medicines safely

- Medicines were managed safely, people received their medicines as prescribed. One person told us, "I get it on time, and they make sure that I have taken it. They write up in the folder at the end of the visit with info on what else they have done."
- Staff had completed training in medicines administration and management. Staff competencies were assessed to ensure medicines were administered safely and in line with guidance.

- Medicines incidents were recorded and investigated. Records showed the actions taken to prevent re-occurrence.

Preventing and controlling infection:

- People told us staff washed their hands and used disposable gloves and aprons where required. One person told us "Yes in fact [they are] very particular about them wearing gloves".
- Staff were trained in infection control and had access to protective personal equipment such as gloves.

Learning lessons when things go wrong

- The provider ensured they reflected on occurrences where a lesson could be learnt and the team used this as an opportunity to improve the experiences for people.
- Staff reported accidents and incidents and records showed they received feedback about changes and learning as a result of incidents at supervision and on an individual basis.
- The provider had systems to reduce the risk of accidents reoccurring. For example, following a fall, people were referred to relevant healthcare professionals to reassess their support needs.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- In some circumstances people's care had been transferred from a previous care provider to MiHomecare. This meant that some people's care assessments were already in place. However, MiHomecare had reviewed these people's needs to ensure they were current and up to date.
- For new people using the service, the registered manager ensured these people's needs were assessed before started with the service to ensure their individual needs could be met. People and relatives told us they were involved in the assessment process.
- Care interventions were carried out consistently and in line with nationally recognised best practice, for example some people had been assessed as at risk of choking. This was assessed and managed through a nationally recognised approach.
- People's expected outcomes were identified, and care and support were regularly reviewed and updated. Where necessary referrals to external services were made to make sure that people's needs were met.

Staff support: induction, training, skills and experience

- People were supported by well trained staff. All staff completed an induction programme when they first started work. Records confirmed, that staff had the necessary training to support people effectively. One person told us "My live in carer appears to know exactly what she is doing and when new carers come in to give her a hand, she talks them through exactly what they need to do."
- Records confirmed, staff received regular supervision (1-1 meeting with their line manager) and appraisals. Supervision was used to discuss performance, training and people's ongoing care needs.

Eating and drinking:

- Not everyone receiving the service required support with meals. However, where people did need support they were supported with their meals appropriately. One person we spoke with told us, "They always ask me what I would like to eat and ensure that I have plenty of water to drink throughout the day."
- Where appropriate care plans contained details of people's meal preferences, likes and dislikes. Any allergies were highlighted in care plans.
- Records confirmed people were supported by staff to maintain good nutrition and hydration.

Staff working with other agencies to provide consistent, effective, timely care. Supporting people to live healthier lives, access healthcare services and support

- MiHomecare had clear systems and processes for referring people to external services. These were applied consistently to maintain continuity of care and support. Where referrals were needed, this was done in a timely manner.

- People were supported to live healthier lives through regular access to health care professionals such as their GP's or occupational therapists.
- Guidance and advice from healthcare professionals was incorporated into people's care plans and risk assessments. Guidance was followed by staff.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so 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 particular 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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's rights to make their own decisions were respected. One person said, "They always ask what I would like".
- People were supported by staff that had been trained in the principles of the MCA.
- Where people had a legal representative to make decisions on their behalf this was detailed in their care plans, decisions were made in people's best interests.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Supporting people to express their views and be involved in making decisions about their care

- People we spoke with gave a varied response in relation to feeling involved in their care. We were satisfied from looking at care records that this was because of the transition from a previous care provider to MiHomecare. The registered manager and provider had plans to address this.
- Records clearly showed that people's views and needs were considered, in particular what was important to people had been identified and the registered manager demonstrated through talking with us that they knew people well.
- Records guided staff on how best to assist people to make decisions. Examples included listening carefully and speaking slowly to people when appropriate and always asking them and involving them in decisions.

Ensuring people are well treated and supported; respecting equality and diversity

- People were positive about the care they received and told us staff were very caring. One person said, "If I am unhappy the carers are very good at cheering me up and if I am unwell, they will call GP if I can't." Another person told us "With my main carer I have a great rapport; I know when it is his birthday and his mum's. He always gives me birthday and Christmas cards from himself and his mother. We have a laugh and a joke. Communication is a two way process and I find the carers interact well with me."
- The registered manager and provider had systems of monitoring staff to make sure staff fully understood the importance of treating people as individuals and respecting them for who they were.
- When people contacted the office, we observed staff talking to people with real consideration and kindness. During the day of the inspection staff emphasised their desire to be kind and compassionate in the support they provided.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to be as independent as possible. A person said, "They encourage me to do things such as washing myself." Another person told us, "The carer encourages me to do what I can for myself such as washing my face."
- People told us staff always made them feel comfortable when supporting them with personal care and gave reassurance and treated them with dignity at all times. One person described how staff had supported them through a difficult and upsetting time. A relative we spoke with told us, "The carers are very friendly with mum and show compassion and respect when my mum is unwell."
- People's personal files were kept secure with only designated staff having access which ensured confidentiality.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care and support specific to their needs, preferences and routines. People's care plans reflected individual needs with clear guidance for staff to follow to ensure they delivered person centred care. People's care plans were regularly updated to reflect people's changing needs.
- People's care records held information on their current health and support needs in all areas of daily living, such as eating and drinking. This included information and guidance for staff on how best to support people and meet their needs.
- The leadership team ensured people's needs and any changes were communicated effectively amongst the staff. Information was shared between staff through supervisions and regular verbal updates via the telephone. This ensured important information was acted upon where necessary and recorded to ensure monitoring of people's progress.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's initial assessments captured people's communication and any sensory difficulties.
- Care plans were regularly reviewed to ensure these remained current. Reasonable adjustments were made where appropriate that ensured the service identified, recorded, shared and met the communication needs of people with a disability or sensory loss.

Improving care quality in response to complaints or concerns

- The provider had effective systems to manage complaints and the records reflected any issues received, these were recorded, fully investigated and responded to as per provider's policy.
- People told us they knew how to make a complaint. People and their relatives told us any concerns were dealt with immediately. One person told us "So far I have not had to make any complaints, but my daughter would do so on my behalf if unhappy but never had any major happen to complain about.". Another person said, "I have only complained once and that was when they sent a live in carer who didn't keep my house up to scratch. They replaced her."

End of life care and support

- When people were nearing the end of the life, staff assessed their needs and developed detailed end of life care plans with information about their choices and wishes in relation to end of life care.

- Staff told us when needed, they would involve professionals to ensure people have a dignified and a pain free death.
- Detailed information was available as to how to keep the person comfortable and maximise their wellbeing. Staff ensured medicines were obtained to manage symptoms such as pain.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager and provider demonstrated a commitment to provide person centred, high-quality care. They placed people using the service at the centre of everything they did.
- There was a positive open culture at the service that valued people as individuals and looked for ways to continually improve people's experience. People told us the service was well run, one person said, "The manager has been around on a visit, so I know her name. She appears to be approachable and I am sure she would resolve any issues that arose. She seems to manage the agency well." Another person said, "(Registered manager) is approachable and does listen to you. I think the company is well led".
- People were given opportunities to contribute feedback and ideas regarding the running of the service.

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

- The CQC sets out specific requirements that providers must follow when things go wrong with care and treatment. This includes informing people and their relatives about the incident, providing reasonable support, providing truthful information and an apology when things go wrong. The registered manager understood their responsibilities.

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

- The registered manager was supported by the provider. There was a clear management and staffing structure and staff were aware of their roles and responsibilities.
- The provider had quality assurance systems in place and had further plans to improve them. These included, care records and medicine records. These provided an overview to ensure improvements were made where necessary.
- The management team promoted continuous learning, they held meetings with staff to discuss work practices, training and development needs.

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

- People, relatives and staff were encouraged to contribute their views on an ongoing basis informally and through regular feedback systems such as annual surveys and telephone calls.
- Systems were in place to ensure staff were involved in the development of the service, this was achieved

through discussions at staff meetings and update messages which included important updates on people and the service.

- From our observations and speaking with the registered manager and provider, we were satisfied that the service was committed to providing consideration to peoples protected characteristics.

Continuous learning and improving care, working in partnership with others

- We found an open and transparent culture, where constructive criticism was encouraged. Managers and staff were enthusiastic and committed to further improving the service delivered for the benefits of people using it.

- The registered manager had action plans to take forward improvements to the service based on feedback they gained from a variety of sources and the findings from their internal systems.

- The management team promoted continuous learning, they held meetings with staff to discuss work practices, training and development needs.

- The service worked in partnership with health and social care professionals to ensure people received support to meet their needs.