MiHomecare Limited

MiHomecare - Birmingham

Inspection report

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Ratings

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

Overall summary

This inspection took place on 13 July 2015. We gave the provider 48 hours' notice to make sure that there would be someone in the office at the time of our visit. MiHomecare Birmingham provides care and support to people living in their own homes in the Birmingham and Solihull areas of the West Midlands. They are registered to provide both nursing and personal care support. At the time of our visit we were told they had approximately 105 people using the service and they were not providing any nursing care.

At our previous inspection on 18 September 2014 the service was not meeting two of the regulations that we assessed. This was in relation to records and assessing and monitoring quality. The provider sent us an action plan telling us that they would make the necessary improvements by 10 November 2014. At this inspection we found that the necessary improvements had been made.

The service has a registered manager. A registered manager is a person who has registered with the Care

Summary of findings

Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People using this service told us that they felt safe. There were systems for making sure that staff reported any allegation or suspicion of poor practice and staff were aware of the possible signs and symptoms of abuse.

There was a sufficient number of suitably qualified and experienced staff working at the service. New care staff were provided with an induction to the service and were supported through this. We were told by people who used the service and staff, that people were supported at each call by the number of staff identified as necessary in their care plans. People told us that they were usually supported by the same care staff.

Care staff had the skills and knowledge to ensure people were supported in line with their care needs but the training in moving and handling for care staff needed review to ensure it provided staff with the knowledge and skills they needed to provide safe care. Care staff had regular supervisions in order to review how to meet people's care needs and provide support to staff.

Care planning arrangements did not always ensure the service was able to respond to people's changing needs appropriately and continually monitor those needs.

The Care Quality Commission (CQC) monitors the operation of the Mental Capacity Act 2005 (MCA) which applies to services providing care in the community. Not all staff were aware of the principles of the MCA and this put people at risk of not having their human rights met.

People who used the service told us that they were confident that care was provided in accordance with their needs People had built up close relationships with the care staff who provided their personal care. They described the staff as being kind and caring and care staff spoke affectionately about the people they supported. Staff promoted and upheld people's privacy and dignity.

The provider sought feedback from people using the service and their relatives in respect of the quality of care provided and had arrangements in place to deal with any concerns or complaints. Action was taken to address people's concerns and to reduce the risk of any potential recurrence. People told us that they would not hesitate to contact the agency office if they had a concern.

People were confident in how the service was led and the manager's abilities. The provider had established processes for monitoring and improving the quality of the care people received although these were not always effective in identifying how the service could be improved.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People told us that they felt safe. Staff were trained in recognising the possible signs of abuse and they knew how to report safeguarding concerns.

Staff were recruited appropriately and there were sufficient numbers of staff to meet people's needs.

Appropriate systems were in place for the management and administration of medicines.

Is the service effective?

Requires Improvement

The service was not consistently effective.

People were at risk of not being supported in line with the Mental Capacity Act 2005.

Training in moving and handling for care staff needed review to ensure it provided staff with the knowledge and skills they needed to provide safe care.

People were supported to eat and drink enough to maintain their well-being.

Is the service caring?

Good

The service was caring.

Staff had positive caring relationships with people using the service. Staff knew the people who used the service well and knew what was important in their lives.

People had been involved in decisions about their care and support and their dignity and privacy had been promoted and respected.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

Care planning arrangements did not always ensure the service was able to respond to people's changing needs appropriately and continually monitor those needs.

People were supported to express any concerns and when necessary, the provider took appropriate action.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

The provider had established processes for monitoring and improving the quality of the care people received although these were not always effective in identifying how the service could be improved.

Summary of findings

People, relatives and staff said the registered manager was approachable and available to speak with if they had any concerns.	

MiHomecare - Birmingham

Detailed findings

Background to this inspection

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

This inspection took place on 13 July 2015 and was unannounced. The inspection team comprised of two inspectors. Before the inspection we looked at the information we already had about this provider. Providers are required to notify the Care Quality Commission about specific events and incidents that occur including serious injuries to people receiving care and any safeguarding matters. These help us to plan our inspection. The provider was asked to complete a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Two local authority commissioners provided us with information about the service. We spoke with eight people using the service and with the relatives of five people to ask them about the care they received. We used this information to plan what areas we were going to focus on during our inspection.

During our visit to the service we spoke with the registered manager, regional manager, two care co-ordinators and four care staff. We sampled the records relating to five of the people using the service and four records relating to staff recruitment and training. We also reviewed records relating to the management and quality assurance of the service.

Good

Is the service safe?

Our findings

People had no concerns about their safety regarding the service they received in their own home. They said they were well cared for and felt safe with the staff who provided their support and personal care. One person told us, "I definitely feel safe. I trust staff with my life." Another person told us, "No-one is ever nasty to me." A relative told us, "Mum is safe when the staff call."

The registered manager told us that all members of staff received training in recognising the possible signs of abuse and how to report any suspicions. This was confirmed by the care staff we spoke with. Staff told us they could raise concerns with the management team and felt that the service kept people safe. Most staff demonstrated that they were aware of the action to take should they suspect that someone was being abused. However, some staff told us they were not aware of who they should raise safeguarding concerns with, if they were not satisfied with the action taken by the registered manager. The registered manager informed us she would address this as a priority. Staff told us and we saw that there were whistleblowing guidelines for staff in case they witnessed or suspected that colleagues were placing people at risk.

We had been made aware by local authorities of some safeguarding issues that they had investigated. The registered manager was able to demonstrate that effective action had been taken to reduce the risk of future similar occurrences.

We looked at the systems to manage emergencies and accidents. One person told us an emergency had arisen when they were very unwell. They told us that the care staff had to ring for an ambulance and put them in the recovery position. The person told us, "They dealt with it very well, they always do." The staff who spoke with us were confident about how to manage emergencies in people's homes. Staff were able to describe how they would respond to emergencies such as a person being unwell or having a fall. Staff had access to a 24 hour on-call system, should an emergency arise out of office hours. One person using the service told us they had used the emergency number and had no problems getting hold of someone.

There were sufficient staff employed to meet people's individual needs. One person told us, "My calls have never been missed." A relative told us, "Mum receives the same care staff generally. If someone else has to come I'm always informed so we know who to expect." Some people needed two staff to assist them and were told by people who used the service that they were always supported by the required number of care staff. A care staff told us that they always worked alongside another member of staff when supporting a person who had been assessed as needing two staff. Staff told us they had travel time factored into their schedules and this meant that they spent the full length of time with people and were not rushed.

The provider had a system in place to assist them with recruiting staff who were suitable to support the people who used the service. The provider's recruitment system was robust and included checks such as a Disclosure and Barring Service check (DBS) and checking people's employment history. A DBS check helps employers make safer recruitment decisions and prevents unsuitable people from being employed.

We looked at how the agency supported people to manage their medicines. People told us that they felt confident staff supported them to take their medication safely. One person told us, "I do my own medication but the care staff assist me to apply my creams." Another person told us, "My medication is in a blister pack from the chemist. The carers pop them out and put them in a pot for me." A relative told us, "Mum gets the support she needs with medication."

Staff we spoke with had received training and knew how to administer people's medication safely and give us examples of how they supported people with specific conditions. One care staff told us that if a person had dementia they would need to make sure the person had taken the medication rather than leave it in front of them. They were aware that the person had the right to refuse their medication but said they would report this to the office staff. The provider had a system in place to help check that staff were competent to administer medication. This helped people to receive their medication safely.

Requires Improvement

Is the service effective?

Our findings

People and relatives of people who used the service told us they were happy with the care provided and that it met their needs. One person told us, "I would definitely recommend this care agency to others." A relative told us, "Everything the agency has done has been really good. We did not think that [Person's name] would take to having home care but it has gone really well."

Before a person commenced using the service, senior staff undertook a pre-assessment with the person to identify their individual needs, their personal preferences and any risks associated with providing their care. People we spoke with said that they were supported in line with their care plans.

Staff had the skills and knowledge to ensure people were supported in line with their care needs. One person we spoke with was complimentary about the knowledge and skills of the staff who provided their care. Relatives of people who used the service said that care staff knew how to deliver the care people needed to maintain their welfare. A person told us, "They all seem well trained." The majority of staff were very positive about the training they had received. One care staff told us, "The training is good, I am always learning new things."

One person told us they thought that some staff could do with more training when assisting people to move with equipment. One care staff told us that whilst they had received training in moving and handling they had found this quite basic and of short duration. The registered manager and area manager told us they would check the content and duration of the training as their understanding was that it was a full days training for staff.

We discussed the agency's induction and training processes with the registered manager and checked the information against three staff files. Whilst staff had completed an induction the provider had not yet introduced the new 'Care Certificate' that should be completed for staff who are new to the care sector from April 2015. The registered manager was aware of the 'Care Certificate' and told us the provider had plans for this to be in place by September 2015.

Following their induction, each new starter was assigned to work with a more experienced member of staff before working on their own. Feedback from care staff and the registered manager confirmed there were systems in place for regular supervision and care staff told us they felt supported in their role.

The registered manager demonstrated that they were aware of the requirements in relation to the Mental Capacity Act, (MCA). Care staff we spoke with were able to tell us how they sought consent from people and offered choice but some of the care staff we spoke with were not able to explain what the difference was between someone having capacity or not having capacity. This meant that people were at risk of not being supported people in line with the Mental Capacity Act 2005.

People were supported to eat and drink enough to maintain their well-being. One person told us, "Staff just support me with breakfast and there are no issues." Another person told us, "They help me with my meals, I have the readymade ones in the microwave, they are okay." Staff had relevant information about people's dietary and nutritional needs. Where people required support with their meals and diet this was documented in their care plan and people told us the staff met their needs in line with this. People using the service were able to discuss their preferences with staff when they were preparing food so people received food which they had chosen.

People told us that care staff would call the doctor or other health professional if they asked them to. One relative told us, "The staff will ask advice from the district nurse if need be." Care staff we spoke with were able to give us examples of where they had been concerned about a person's deteriorating health and had taken action to include notifying their relatives and appropriate health professionals.

Good

Is the service caring?

Our findings

People and their relatives told us the staff had a caring approach. One person said, “I have the best carers in the world.” A person’s relative told us, “I have a letter each week to say who is coming and when. [Person’s name] needs the same staff because of his dementia and it’s easier for him.” “The staff are pleasant and friendly. They chat to my husband as if he is someone and not as someone who has dementia.”

People told us that the agency had improved so that they were usually supported by the same staff members. One person told us, “They always meet my preference of having a female carer.”

One relative told us, “Staff are kind and respectful and they are so good with my Mum. I have a very good relationship with both the staff and the office.” Care staff told us how they were given time to build relationships with people when starting their care and because they were given time to work alongside other care staff so that they could get to know the people they were supporting. People told us that although care staff occasionally ran late they were usually kept informed.

People told us that the care staff respected their privacy and dignity when assisting them with their personal care. One person told us, “At my age you need some dignity and you get it from the girls they send.” Another person told us, “The staff always treat me with dignity. Nothing is a chore to them, they always help with a smile on their face.” One relative told us that the staff protected the person’s privacy and dignity and also took account of the privacy and dignity of other family members living in the home.

People were encouraged to maintain their independence. One person told us that care staff always assisted them to maintain their independence when supporting them with personal care tasks. During our discussion with staff they used terms such as ‘support’ and ‘choice’ when describing how they supported people. We also saw in people’s records that staff had recorded that they had ‘assisted’ people or when a person had carried out a task independently. People had been involved in developing their care plan and identifying what support they required from the service and how this was to be carried out.

Requires Improvement

Is the service responsive?

Our findings

People who used the service told us that the service met their care needs and would respond appropriately if their needs changed. People told us they had been involved in planning their care. One person told us, "I have a care plan here and I was involved in all the questions, it gets reviewed every six months." A person's relative told us, "There is a copy of the care plan in Mum's home. I contributed to the plan with Mum."

One person told us that on occasion when staff had assisted them to move it had hurt their elbow. They told us they had raised this with the office staff and that when staff had returned they had been better.

Whilst the people we spoke with were happy that the service would respond if their needs changed we saw that one of the five care plans we looked at had not been reviewed for several years. The registered provider told us the plan had not been reviewed as the relatives of the person had declined to participate in a review. Our discussions with the registered manager showed they had not considered reviewing the plans with the care staff who supported the person to make sure they were still relevant. This meant that whilst the majority of people had up to date care plans we could not be assured that for one person the service was able to monitor and respond if necessary to their changing care needs**.**

People who used the service and their relatives told us they felt comfortable to complain if something was not right. One person told us, "I have never had to complain but I would be 100% confident to contact them if something was wrong."

People gave examples of when the service had responded to their requests and concerns. One person told us they had recently contacted the office as their carer did not arrive at the time they were expected. They told us they felt listened to and had received an apology. Another person told us they had been sent a care staff that they did not get on with. They told us they raised this and were not sent that care staff again. Whilst people were happy with how their concerns had been responded to at a local level one relative was not satisfied the provider had took action when a concern had been raised. They told us that the person often received requests for payment of invoices that had already been paid. They told us they had brought this to the attention of the head office where the invoices were generated but had still received further invoices.

Requires Improvement

Is the service well-led?

Our findings

All the people we spoke with were happy to be supported by the service and expressed no concerns with how it was managed. The majority of people knew who the registered manager was and told us they were approachable. People told us they were encouraged to express their views about the service. One person told us, "I get asked for feedback on how the service is, sometimes by phone or a questionnaire and sometimes they come and see me." Another person commented, "The office staff ring me to check that the care I am getting is good."

The service had a clear leadership structure which staff understood. The provider had recently introduced changes to the way the staff team was constructed. This included additional supervisors and team leaders. Staff told us and we saw that they had regular supervision. As well as regular supervision, spot checks were completed to ensure staff were working to the right standard.

Staff group meetings were not held on a regular basis and this reduced the opportunities for staff to meet as a group to discuss the service that people received. The registered manager told us that following recent feedback from a local authority commissioner two staff meetings had now been scheduled to take place.

The registered manager promoted a culture of openness. Care staff confirmed that if they had any concerns about the service they felt able to raise them with the registered manager. The registered manager told us that they recognised the service could further improve, but that they recognised the importance of being honest and open even when mistakes were made.

The provider had processes for monitoring and improving the quality of the care people received. Quarterly surveys were sent to people. The results of the most recent surveys indicated that the majority of people were satisfied with their care. We were informed by the regional manager that the provider's quality assurance systems were currently under review as a new quality assurance director had recently been appointed.

The registered manager told us and we saw that they conducted assessments of people's medication records in order to identify any errors. However these audits had not always identified when plans care failed to include information about what people's medication was for or any possible side effects. Systems were in place to check care plans, but these had not always identified where improvements were needed. This meant the audits had not been effective.

The system for recording and monitoring late calls required development. Whilst the majority of people told us that care staff were rarely late some people told us at times they had received late calls. The service provided care to people in two different local authority areas. For one authority, a computerised system was in place to monitor the time and length of people's calls. However, for the other local authority we were informed that the service currently did not have a system to record and monitor the frequency of late calls and therefore assess if people were receiving care in line with their specific needs.