

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

MiHomecare Seaford

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We inspected the following standards as part of a routine inspection. This is what we found:

Care and welfare of people who use services	✓	Met this standard
Safeguarding people who use services from abuse	✓	Met this standard
Requirements relating to workers	✓	Met this standard
Supporting workers	✓	Met this standard
Complaints	✓	Met this standard

Details about this location

Registered Provider	MiHomecare Limited
Overview of the service	MiHomecare is a domiciliary care agency, based in Seaford, which provides personal care to mainly older people living in their own homes in Seaford and nearby towns in East Sussex.
Type of service	Domiciliary care service
Regulated activity	Personal care

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 28 November 2013, checked how people were cared for at each stage of their treatment and care and talked with people who use the service. We talked with carers and / or family members, talked with staff and reviewed information given to us by the provider.

What people told us and what we found

During our inspection we spoke with nine people who used the service, two relatives of people who used the service, a project manager who was also acting as the interim branch manager and four staff members including a co-ordinator, a field care supervisor and two care workers.

The manager told us that since the previous inspection the service had been taken over by MiHomecare. They confirmed that the rebranding had included staff restructuring and introducing a uniform for care workers. However they told us that despite the previous manager and team leader leaving, individual support had been provided for all staff and the impact on people who used the service had been minimal. This was confirmed through discussions with staff and people who used the service.

People told us that they received the care and support they required to meet their needs. They told us that their care and support needs had been discussed with them and the care they received reflected this.

They also told us that the care they received was consistent and met their individual needs. One person said, "I'm very happy with the care and support I get. The carers are like family to me." Another person commented, "The carers are all excellent and I don't want you to change them."

We looked at the systems and processes the service had in place to protect people from abuse. Staff knew what constituted abuse and what to do if it was suspected.

We reviewed the recruitment procedures that were in place and found that processes were thorough and well documented. Staff received regular training and supervision and felt valued and supported.

The service had effective systems in place to deal with people's comments and complaints.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Care and welfare of people who use services

✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Care workers spoken with as part of the inspection process also emphasised the importance of developing close working relationships with individuals and being aware of any changes in their mood or condition.

We viewed the care files of four people who used the service. The support plans we looked at provided appropriate and adequate information to staff on how to support people in accordance with their needs and wishes. We saw evidence of paperwork used to assess the needs of people who used the service. We also noted that the individual or their representative had signed to confirm agreement with the content of the care plans or any changes made. We saw up-to-date evaluation sheets had been used for the monitoring of general health, daily living abilities, medication, leisure time, communication and finances. This demonstrated that the service was planning and delivering care to meet individual needs.

People's care records also included personal background information and contact information for their family members and other key professionals including their GP. Detailed assessments and a personal profile for each person had been completed. People's needs assessments addressed areas of mental capacity, communication, mobility, care needs and their home environment. Records indicated that these plans had been checked and updated regularly to reflect the level of support or care required.

People we spoke with were very pleased with the care they received and said the care workers were always prompt and stayed for long enough to attend to their needs properly. They also told us that the care they received was consistent and met their individual needs. One person said, "I'm very happy with the care and support I get. The carers are like family to me." Another person commented, "The carers are all excellent and I don't

want you to change them."

We found there were arrangements in place to deal with foreseeable emergencies. People's allergies were recorded clearly in the care plans in red, to prevent care workers unwittingly causing adverse effects. We saw that care plans also contained emergency contact number for people's next of kin or relatives.

It was clear from speaking with people who used the service and their relatives that care workers had a good understanding of their needs. People spoke very highly of the care workers and the quality of the support they had provided. They also told us that they appreciated having the same regular care workers who 'know me well' and they felt they had been supported safely and consistently.

Relatives of people who used the service told us that they were aware that there was a care plan in place and that they had been involved in developing and reviewing the plan. They told us that their relative received the support they required, their privacy and dignity was considered when personal care was provided and the care workers treated them with respect.

One relative told us: "I have absolutely no complaints. The carers are all very kind and efficient and I would recommend them to anyone".

The manager confirmed that all plans were regularly reviewed and updated to reflect people's current support needs. They also provided clear guidance for care workers, to ensure that each individual's identified needs could be met consistently and safely.

Care plans had been reviewed and updated to reflect the changing needs of the individual. We saw evidence of six monthly reviews having taken place, covering all aspects of personal care and support required. We were shown examples of care plans, which had been signed by the person using the service, or their relative, to confirm that they had been involved in developing and reviewing the plan.

This demonstrated that the provider ensured safe and appropriate personalised care, centred on the individual and considered their circumstances and their immediate and longer term needs.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

The manager confirmed that the MiHomecare operated in accordance with the Pan Sussex Multi-Agency Policy & Procedures for Safeguarding Adults at Risk and we saw evidence to support this. This ensured that people who used the service benefited from a service that worked collaboratively with other teams, individuals and agencies in relation to all safeguarding matters and had safeguarding policies that linked with the local authority policies.

We were told that the agency ensured, as far as practicable, that people living in their own homes were safeguarded from all forms of abuse. We found that relevant policies and procedures relating to safeguarding vulnerable adults, including a whistle-blowing policy, were in place. We were shown copies of the safeguarding policy and procedures, including a whistle blowing policy.

All the supervisors and care workers spoken with confirmed they were aware of these policies and procedures and told us that they had undertaken safeguarding training, and all knew the correct procedure to follow if they witnessed or suspected abuse. This was supported by viewing their recent safeguarding training certificates. This meant that people were protected from the risk of abuse because the staff had received appropriate training and information to do so.

People who used the service confirmed that they had felt safe when receiving support from the care workers. One person told us that they had felt confident that their relative had been cared for and supported "Safely and with the utmost kindness." We saw from training records that staff were all trained in the correct methods of moving and handling. This meant that the agency had taken steps to protect people from physical harm through inappropriate manual handling.

We saw that the service had included information in people's support plans to inform them what to do should they have any concerns around safeguarding and safety. This demonstrated that the provider had ensured that people who used the service were aware of how to raise concerns of abuse.

The manager told us that they had undertaken training in the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS) and that these topics were covered in the induction for new staff working in the agency and then updated through mandatory training provided. Supervisors and care workers spoken with confirmed that they had received this training and said that they were aware of their responsibilities under the Mental Capacity Act and in respect of Deprivation of Liberty Safeguards.

Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

People had been supported by, suitably qualified, skilled and experienced staff. We were told by the manager that initially new care workers had shadowed (worked alongside) experienced care workers when supporting people. They told us that new care workers had not worked unsupervised until they had been assessed as being competent to do so.

This was confirmed by care workers who we spoke with. They told us that when they first started working for the agency, they had been introduced to people who received support and had "shadowed more experienced colleagues", as part of their induction programme

People who used the service who we spoke with told us that they were confident in the abilities of the care workers and that they trusted them to know what care and support they needed.

Appropriate checks were undertaken before staff began work. We looked at the employment files of three care workers and found that information required by the Health and Social Care Act regulations was in place. These included security checks to ensure that prospective staff were not barred from working with vulnerable people, or had a criminal conviction that would make them unsuitable for their job.

We also saw that in each person's file there were a minimum of two references that had been obtained indicating that the individual was trustworthy, of good character and that their conduct was satisfactory in previous employment. We also saw enhanced Disclosure and Barring Service (DBS) certificates, which have replaced the Criminal Record Bureau (CRB) disclosure. The role of the DBS is to help employers in England and Wales make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups, including children. This demonstrated that there were effective recruitment and selection processes in place.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

People who used the service told us that the staff were kind, respectful and professional. They said that care workers understood their needs and how to support them appropriately and safely.

We found that new care workers were required to attend an induction prior to starting work with people who use the service. Care workers we spoke with were able to confirm that they had attended an induction, and received the agency's mandatory training. They told us "The trainer we had was brilliant, she got everyone involved and we learned so much."

The manager told us that all care workers received appropriate training and support to ensure that they had the relevant knowledge and skills and were competent to meet people's identified care needs. This was evident through training records that we were shown and discussions with care workers. They confirmed that they felt confident in their role and received all necessary training and support.

We looked at a sample of the training records for care workers which recorded when training had been completed. The care workers stated that they had received the agency's mandatory training which included, moving and positioning (handling), medication, health and safety/first aid awareness, safeguarding vulnerable adults', infection control, basic food hygiene and fire training. One care worker told us there were, "Lots of courses available and we are constantly learning new skills." This meant that staff had received appropriate professional training and development.

From discussions during our visit, it was evident that staff had been supported through a potentially unsettling period of transition, which had also seen a long standing manager and team leader leave the organisation. We were told by care workers that they felt valued and supported. They described the interim manager and supervisory staff as 'approachable' and said they operated an 'open door' system, where people were free to raise or discuss any issues or concerns that they may have.

The manager told us the agency used an electronic monitoring system to provide care staff some security when working alone and also had a lone working policy in place. This required care staff to carry their mobile phones at all times, and ensure that the office had

their correct mobile phone number. The manager also confirmed that an on-call system was in place, ensuring that there was always support available for care workers even out of office hours.

In accordance with company policy, the manager confirmed that formal supervision was provided for all support staff on a regular basis and was appropriately recorded. This was evidenced by supervision records examined and through discussions with care workers, who acknowledged the benefits of effective supervision.

Care workers told us that "Things have settled down and people are feeling much happier now." One care worker told us "Everything just seems more professional now than it used to." Another told us "Most people love the new uniform. We get recognised now in town and we feel proud of what we do." They also told us that despite the changes morale amongst care workers was high and communication within the agency was effective. This demonstrated that people were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Complaints

✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

Reasons for our judgement

People were made aware of the complaints system. This was provided in a format that met their needs. They were given details of the service's complaints process as part of their contract, but people we spoke with said they felt comfortable speaking directly to the manager or office staff if they had any concerns. They also told us they felt listened to and that the service would deal with their concern if they could.

We saw from the inspection of records that there was a transparent and responsive complaints system in place. The manager told us that all complaints were logged, indexed and investigated appropriately. This was supported by documentation that we were shown, including a summary of complaints people had made and the providers' response. We saw that complaints were dealt with promptly and appropriately.

A care worker told us of an occasion when a family was unhappy about a male care worker providing personal care, although they had made it clear that the individual's professionalism was not in question. In response to their concerns, the care worker was replaced by a female care worker. This demonstrated that the agency was sensitive and responsive to the needs and wishes of people who used the service and that people's concerns and complaints were fully investigated and resolved, where possible, to their satisfaction.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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