

MioCare Services Ltd

Oldham Care & Support at Home

Inspection report

Unit 2 & 3 Whitney Court
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Oldham
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Tel: 01617701846

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09 May 2019

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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:

Oldham Care & Support at Home is registered to provide personal care to people of all ages living in their own homes and when they access the community. 133 people were in receipt of a regulated activity on the day of the inspection.

People's experience of using this service:

People and relatives told us staff were kind and caring in their approach. People told us staff communicated well with them and acted in an open and transparent way.

Care plans were person-centred and provided staff with the information they needed to provide care and support in a way that met people's needs and preferences.

Medicines were managed in line with good practice guidance.

Staff assessed risks to people's health, safety and wellbeing and put plans in place to manage these risks.

People told us they would feel confident to raise any complaints they might have. We saw complaints were identified, investigated and used to improve the service.

There were processes in place to monitor the safety and quality of the service.

The service had a registered manager in post at the time of our inspection.

The management team had excellent knowledge and a wealth of experience to operate the service safely and effectively. They demonstrated an understanding of all aspects of managing the service such as safeguarding procedures and medicines management.

People, relatives and staff were engaged by the service via meetings and questionnaires so that everyone could contribute to the development of the service.

There was a credible strategy in place with plans for multiple new improvements and updates at the service. This was being implemented by the registered manager who was proactive in considering how the service could be improved.

People, staff and relatives spoke positively about the registered manager and senior team who led the service well.

The service met the characteristics of Good in all areas.

More information is in the full report.

Rating at last inspection: At the last inspection the service was rated as Good (22 November 2016).

Why we inspected:

This was a planned inspection to check that this service remained Good.

Follow up:

We did not identify any concerns at this inspection. Going forward we will continue to monitor this service and plan to inspect in line with our reinspection schedule for services rated Good.

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 ●

Oldham Care & Support at Home

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

This inspection was carried out by one adult social care inspector.

Service and service type:

Oldham Care & Support at home is a domiciliary care agency. It provides personal care to people living in their own homes. 170 people lived across six schemes at the time of our inspection, although not everybody received a regulated activity from the service. Two of the six schemes had been taken over by the provider in April 2019.

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 48 hours' notice of the inspection visit because we needed to be sure that staff would be in the office to support the inspection.

We visited the office location on 9 May 2019 to meet with the registered manager and registered provider; and to review care records and policies and procedures. We also visited two of the six extra care schemes on this day to meet people at home and staff. We made calls to people and relatives on 14 May 2019.

What we did:

Prior to the inspection, we reviewed all the information we held about the service including notifications received by CQC. A notification is information about important events which the service is required to tell us by law. We contacted Healthwatch Oldham and the local authority quality team and found that they had no information to share with us about the service.

During our inspection we spoke with seven people using the service, five relatives and six members of care staff. We also spoke with the registered manager, the registered provider and the business administration officer. We also contacted three health and social care professionals who had worked with the service.

We reviewed a range of records. This included six care records, three staff recruitment files and supervision and the training records for all staff. We also reviewed records relating to the management of the service and a variety of policies and procedures developed and implemented by the provider.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe with the care and support provided by Oldham Care & Support at Home. One person told us, "It is reassuring knowing someone is coming every day. I don't know what I would do without them really." Relatives comments included; "I have trust in the staff and have been very happy with the service"; "I can go on holiday and know that [Name] is cared for and safe" and "I feel that [Name] is in safe hands, I don't have to worry."
- Staff told us they had effective safeguarding training and could explain the safeguarding processes in detail. Four staff were receiving additional training in 'dignity and safeguarding' and hoped to champion best practice in this area.
- Staff were confident that action would be taken if they raised any concerns relating to potential abuse. One member of staff said, "The office is very approachable, and I wouldn't hesitate to report any concerns I have."
- The provider had effective safeguarding and whistleblowing systems and policies in place. For example; company wide reporting, analysis and oversight which provided additional assurances that people were protected from avoidable harm and that lessons learned were shared across the organisation. This scrutiny had resulted in best interest alerts being raised.
- The registered manager was aware of their responsibility to liaise with the local authority if safeguarding concerns were raised.

Assessing risk, safety monitoring and management

- People's needs and abilities had been assessed in a pre-assessment plan. The potential risks to each person's health, safety and welfare had been identified.
- Risk assessments were detailed within categories for example, nutrition, mobility, the environment and were individualised and person-centred. The risk level and actions to reduce the risk were clearly documented.
- People had pendant and pull cord alarms and could summon support from staff at any time of day or night in an emergency. One person said, "I have had to press the bell for support once or twice. Staff came quickly to check I was ok."
- Risks to people were regularly reviewed and safely managed.
- Both schemes we visited were supported by an overnight concierge service and people requiring support could access the night support team who travelled between schemes.
- The night support team worked with the helpline and response service to keep people safe and reduce the pressure on emergency services and lower the number of hospital admissions.

Staffing and recruitment

- The provider followed safe staff recruitment procedures. Records confirmed that Disclosure and Barring Service (DBS) checks were completed and references obtained from previous employers.
- There were enough staff to meet the needs of people and deliver a consistent service.
- Staff had completed induction training in line with the providers policies and had competency checks to ensure they understood the training provided.

Using medicines safely

- People told us they were happy with the support they received to take their medicines.
- Risk assessments relating to medicines were carried out where people needed support from staff.
- People's independence to manage their own medicines was maintained if safe to do so. Any changes to this was done with people's full consent.
- Medicines were stored securely in people's homes when this was necessary.
- Records showed that medication was administered as prescribed.
- Staff had an annual observation when administering medicines to ensure they were competent to do so.
- Medicines administration record sheets (MARS) were prepared by the management team and had oversight of managers through an auditing process to help ensure medicines were given safely as prescribed. We saw that an error had been picked up during the auditing process and action taken to prevent a recurrence.

Preventing and controlling infection

- Staff had completed infection control training and had their competency regularly checked around safe handwashing.
- Unannounced spot check visits were completed by the management team. This ensured care staff followed the infection control procedures and used personal protective equipment (PPE) when carrying out personal care, food preparation and handling.
- Staff told us they had access to PPE which was stored at the office.

Learning lessons when things go wrong

- The provider showed us a copy of the accident form that staff would complete in the event of any injury, significant incidents or near misses. We saw this prompted staff to consider any 'lessons learned'.
- Incidents and accidents were regularly audited to check for trends or patterns, to mitigate further risks.

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

People's outcomes were consistently good, and people's feedback confirmed this.

Staff working together to provide consistent, effective, timely care

- People, relatives and staff told us there was continuity of care. People had visits from regular staff. One person said, "I always know who to expect. There have been a few new people recently but they all seem nice, I'm getting used to them." A relative told us, "It is a consistent service, [Name] knows people well and they are very encouraging and supportive to them."
- Care plans were regularly updated and audited by managers to ensure that changes in need were documented. A relative told us, "I was invited by the service to contribute to the care plan which was good."
- Staff communicated effectively with each other. Staff told us the methods they used to communicate included written notes within people's homes. Staff also shared information at team meetings. A staff member told us, "As a team we seem to have plenty of team meetings and supervisions booked in where we can share information. This has definitely improved lately."
- The registered manager told us that a handover takes place to ensure continuity of care and a new summary document helped to ensure staff were able to understand the care needs at each call.
- Staff were able to access out of hours support from a manager via a 24 hour on-call provision.

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

- People's needs were assessed before the service began to provide support and people confirmed this. This included their physical, social and emotional support needs.
- The service employed a 'trusted assessor' who arranged for equipment to be provided quickly which helped people live independently in their own homes for longer.
- Staff confirmed they received information about people new to the service and were always introduced to the person by a manager before they went to them to provide care. The registered manager and staff were confident that any needs associated with people's protected characteristics would be met.
- Care was planned and delivered in line with people's individual assessments, which were reviewed regularly or when needs changed.
- Staff applied learning effectively in line with best practice, which led to effective outcomes for people and supported a good quality of life.

Staff support: induction, training, skills and experience

- People and relatives told us they felt the staff were well trained. One person told us, "The girls always know what they are doing, I have total faith in them." A relative told us, "The carers do a great job, can't fault them."
- Staff received training, support and induction to enable them to meet people's needs. All staff were up to date with the mandatory training and bespoke training could be provided on request.

- One staff member told us they felt they had received appropriate training to meet the needs of the people they were supporting. They said, "I do regular training courses and new staff can shadow regular workers until they feel confident. There are always experienced staff on hand to help you if you need it."
- A health and social care professional told us, "The service value and train staff so that their standards of care have a positive and outcome focused approach."

Supporting people to eat and drink enough to maintain a balanced diet

- People told us they were supported appropriately with eating and drinking. One person told us, "I am always given a choice of food and I'm not rushed." Another person told us, "The staff pick me items up on their next visit if I need things."
- We saw people's preferences and requirements were recorded within people's files.
- Where required staff recorded how much and what a person drank. This information was then used to ensure appropriate healthcare was sought if needed.
- People's risk assessments considered whether there were any risks in relation to eating and drinking.

Supporting people to live healthier lives, access healthcare services and support

- When people needed referring to other health care professionals such as GP's or district nurses, staff understood their responsibility to ensure they passed the information on to relatives and managers. Alternatively, staff assisted the person to call for support themselves.
 - Relatives told us staff effectively identified any health concerns and ensured the correct professional was contacted as necessary.
 - People also had access to a visiting hairdresser, podiatrist and could access assisted bathing in on-site facilities. Both schemes we visited had a small shop run by volunteers and a café serving homemade food.
- 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.

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- We saw that care files contained details about people's capacity to make decisions.
- Care plans were developed with people and their relatives. People had agreed with the content and had signed to receive care and treatment.
- Staff ensured people were involved in decisions about their care; and knew what they needed to do to make sure decisions were taken in people's best interests.
- Staff told us that if they had any concerns about decision making they would pass this on to the management team.

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People and relatives told us staff were very caring. One person told us, "They are lovely people, I look forward to them coming in, we have a laugh too." A relative said, "I feel assured that the carers are all lovely with [Name] and I cannot visit every day knowing that everything is ok." Another relative said, "I feel like [Name] is cared by properly and they like the carers."
- Staff told us they used care plans to find out about people, get to know the person and build positive relations with them. One staff member said, "The information in the care plans is just right. Enough information to do my job right and it's updated as needed."
- Staff were respectful when speaking about people and were considerate of the equality and diversity needs of people including protected characteristics. Staff actively considered people's cultural or religious preferences.
- All new staff received training in equality, diversity and inclusion as part of their induction and shadowed a more experienced member of staff until they were assessed as competent to work independently.

Respecting and promoting people's privacy, dignity and independence

- People were supported by staff who were attentive, kind and caring. Staff had a good understanding of people's needs and wishes. Staff ensured people's privacy and dignity. A relative told us, "Staff are always considerate of [Relative's] dignity and privacy."
- Consideration to privacy and dignity was embedded throughout each care plan we saw.
- The provider was proactive in ensuring that they complied with Accessible Information Standards. These are standards introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. The service adapted information to meet people's needs, for example information about the service had been produced in large print for one person who used the service.

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

- People confirmed care staff listened to them, involved them in decisions and respected their views.
- Care plans were reviewed regularly and as and when a person's needs changed. The person and relatives were involved in reviews of their care plan if this was required. A relative told us, "Any changes are always discussed with the family and the service are approachable if we think something needs to be updated."
- None of the people who used the service at the time of our inspection had an advocate. The provider explained they would share information about local advocacy organisations with anyone who they felt may benefit from independent support with decision making.
- The registered manager told us, "We ask people using the service to help us interview new recruits. It is important that people are in control of their care and we can see how potential new care staff interact with

people as part of the assessment process."

Is the service responsive?

Our findings

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care plans were very detailed, for example, one person's plan explained exactly how they preferred to be supported with personal care and dressing. Plans included details such as, making sure they had support to fasten zips when dressing and help to put their slippers on."
- Staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service.
- People and relative told us, they were included in their care planning. One person told us, "staff go through my care plan from time to time and ask me if there's anything else I need." A relative said, "Care staff know [Name] well and seek medical advice when required. I have always thought they were responsive to [name's] needs."
- Care plans included people's personal information, people's routines and support needs. They were up to date and reviews took place regularly with people.
- People had individualised lists of care activities in their care plans and staff recorded at each visit that tasks had been done. People were supported by staff to take part in various events and activities. For example; Afternoon tea, choir practice, pamper group, men's group, crafts, curling and armchair exercises. Activities available differed between schemes.
- People's ability to communicate was recorded in their care plans, to help ensure their communication needs were met.
- Where it was part of someone's support plan, staff supported people to access activities and facilities in the community. For example, a case study we saw demonstrated the positive impact for one person who had been able to visit the town centre independently and run social activities within one of the schemes because of the excellent support received by staff.

Improving care quality in response to complaints or concerns

- There was an appropriate complaints management system in place. Complaints were handled in the correct way and a response was sent in a timely manner. The registered manager told us, "Complaints at both a formal and informal level are logged and fully investigated. Responses are provided within required timescales and recommendations are action planned with clear deadlines and accountability."
- A complaints register was in place that included details of the complaint and action taken, which provided oversight to the management team.
- Staff were aware of how to manage complaints. They told us that the management team took complaints seriously and this would be reviewed and investigated.
- People and relatives told us they knew how to raise complaints. One person told us, "I have no complaints, but I would speak to the staff if I was worried about something, they are lovely."

End of life care and support

- The service did provide support to people coming to the end of their lives. The management team assured us that they would continue to support people if they were able to meet their needs and provided specialist training for staff as required.
- Six staff had received training from 'Dr Kershaw's Hospice' tailored to those within the community living with life-limiting illness and the service hoped to develop a 'champions role' to deliver care.
- One member of staff was nominated for a staff award for person-centred practice when they fulfilled a special wish for one person by making them homemade chips in their own time.
- The service explored people's wishes around end of life care and this was noted in people's care files.

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service had a registered manager 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.
- There was a positive culture where staff and management took pride in the care and support that they provided. A relative said, "The management team are good if I've ever had to contact them they are available to speak with."
- The management team worked well together to ensure the day to day running of the service, clear contingencies were in place to cover absences. Managers would provide cover themselves rather than people's needs not be met.
- People's confidential information was held securely at the office base.
- The registered manager was aware of their responsibility to report events to the CQC by the submission of statutory notifications.

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

- Staff were seen to be engaged and involved. Staff groups met frequently, and the management team met with staff regularly to support them in their role.
- The registered manager told us how important it was to value care staff. They said, "There are regular staff briefing sessions and events and the Company has launched a comprehensive staff reward scheme, together with a staff health and wellbeing programme."
- The provider recognised the achievements and efforts made by staff by holding an annual staff awards ceremony. Awards included; best role model; leadership award, making a difference and outstanding team.
- The service produced and distributed quarterly newsletters and a business brief to keep staff updated with service news. A staff intranet provided information on the latest news, events and organisational policies.

Continuous learning and improving care

- Visits were carried out on people's homes by the management team which enabled them to obtain feedback from people and check the environment, equipment, medicine management and safety.
- The service demonstrated a commitment to making meaningful changes using a 'you said, we did' model. For example, one person had asked that the service employ more staff, so they can have more consistency

in staffing. The service reported back that recruitment was ongoing and people could get involved with the recruitment process by becoming a member of the recruitment panel.

- The service demonstrated their commitment to learning delivering high quality care by partnership and integrated working. For example, the service was represented at various groups including a 'registered manager forum' and at a regional 'making safeguarding personal' group.

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

- The management team had clear values and vision for the service. The registered manager explained that they continuously work with people and relatives to ensure they provide person-centred care, "The associate director regularly visits to undertake audits and contact staff, service users and families."

- Staff were positive about their workplace and complimentary about the support they received from the management team.

- People, relatives and staff told us they found the registered manager and the nominated individual to be approachable, have oversight and genuinely care about the people they supported and the staff team. Feedback included, "The service seems to be well-led and organised well." and "[Registered manager] and [nominated individual] are really good. We can speak to them about anything."