

Mirage Care Limited

Mirage Care Ltd

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

Mirage Care is a domiciliary care agency providing personal care to three people at the time of the inspection.

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

People told us they were very happy with the care they received. They spoke of staff who they said were kind, compassionate and caring and treated them with dignity and respect. One person told us, "I wish [the staff] every success for the future. I hope they will continue to be my carers as they are just an over and beyond agency."

People were supported by staff who had received training on how to ensure they were safe. Staff were knowledgeable about people's care needs and preferences and had their practice checked by the registered manager. People had plans in place to reduce the risk of harm and these were regularly monitored.

People's medicines were well managed, and people were supported to order and administer their medicines where required.

People told us staff were on time and they had never experienced a missed care visit.

Staff followed COVID-19 measures to reduce the risks of spreading infections. People told us they felt safe and reassured that staff always wore gloves and aprons.

People were given choices and their consent sought for care. They were supported to be in control of all care decisions and reviews of care delivery. Staff also supported people to access various health professionals where required.

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.

All aspects of people's care and feedback was regularly reviewed by the registered manager to identify any changes and areas for improvement. The registered manager ensured any issues were acted upon.

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

Rating at last inspection

This service was registered with us on 25/04/2019 and this is the first inspection.

Why we inspected

This was a planned inspection based on the date of registration.

Follow up

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

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 ●

Mirage Care Ltd

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

This inspection was carried out by two inspectors.

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 it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection. Inspection activity started on 11 May 2021 and ended on 14 May 2021. We visited the office location on 11 May 2021.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, Healthwatch England and professionals who work with the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and

improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service and one relative about their experience of the care provided. We spoke with two members of staff including the registered manager and one care worker.

We reviewed a range of records. This included three people's care records and medication records. We looked at two 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. We looked at training data and quality assurance records.

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; Assessing risk, safety monitoring and management

- People told us they felt safe and staff supported them to stay well. One person said, "I am totally happy and safe with them I couldn't ask for anything more."
- Staff were trained in safeguarding and were confident about reporting any concerns both within the organisation and externally. Staff had a good knowledge of the different forms of abuse as well as risks related to individual people's care needs and conditions. Staff knew how to refer people to specialist professionals if required and needs changed.
- Each person had been assessed for all risks and records gave guidance for staff on how to safely manage risks while still supporting people's individual wishes.
- The registered manager had implemented systems for assessing, monitoring and reviewing risks and concerns on a monthly basis or when situations changed. They then analysed these to identify actions to safeguard people or improve practices.

Staffing and recruitment

- There were enough staff to meet people's needs and people told us that staff were always on time or early for care visits. One person said, "[Staff] are usually a few minutes early and ask me if ok to come in. I can make them wait if I am not ready and they don't have an issue with that." A relative said, "They are always here on time and pay [my family member] proper attention and you can tell they care."
- The registered manager ensured pre-employment checks including criminal record checks, employment history and references were carried out before staff started work. This was important to help ensure staff were suitable for their role and people would be safe in their care.

Using medicines safely

- Not all people required full support with medicines as they were able to do this for themselves or with the support of relatives. Some people just required staff to prompt them to take their medicines. For the people who did have support by staff, they told us medicines were administered correctly and on time and recorded on their medicine administration records.
- The registered manager reviewed medicine administration charts monthly to ensure medicines had been correctly recorded. Staff told us the registered manager also conducted checks on their practice which included observing medicine administration. Any areas for further development were recorded in the medicine audit along with outcomes and lessons learnt.

Preventing and controlling infection

- The registered manager had implemented a policy around infection prevention and control and had

processes in place that included mitigating risks of COVID-19. They also had a contingency plan to look at what to do in emergencies arising from COVID-19 to ensure people still received safe care.

- Staff told us they had plenty of access to all personal protective equipment (PPE) and had received training in infection control and COVID-19.
- People told us they were confident that staff kept them as safe as possible in relation to COVID-19 and they always wore PPE and used hand washing in between tasks. One person told us, "[Staff] always wear the gloves and masks. I have said feel free to take the masks off, but they have said no we keep it on for everyone's protection."

Learning lessons when things go wrong

- The registered manager had systems in place that documented when incidents had occurred and what action had been taken. These were then used to reflect on what changes they could make to improve practices and reduce the risks of similar incidents occurring.
- The registered manager also used information gathered from audits and feedback from people and relatives to reflect on how to improve the service. These lessons were shared with the staff team in meetings.

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

- People's likes and dislikes, personal history and choices were assessed by the registered manager prior to receiving care. They also assessed all areas of their physical, mental and cultural well-being. The assessment included finding out about their conditions and how it impacted their daily living.
- The information from the assessment was then transcribed into a care plan and individual risk assessments. This offered guidance for staff to get to know the person and how to safely support them while understanding their preferences.
- The registered manager made referrals to any health professionals identified as required at this stage to safely support any manual handling or specialist need.

Staff support: induction, training, skills and experience

- Staff told us how they received an induction when they first started which included a lot of training, reading care plans and policies and the opportunity to shadow staff to get to know people and how to support them. They were then observed in practice to check their knowledge and skills and that they were following people's agreed plan of care.
- Staff received regular supervision to enable them to review their practice and raise any concerns or reflect on achievements. Staff told us they were able to ask for further training and had recently been booked to attend a level three dementia awareness course.

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

- Not all people required support with meals, and no-one had any specialist needs in relation to food and drink. Staff told us they had completed food hygiene training to be able to prepare food safely.
- People told us staff supported them with food and drink and always asked what they wanted and made fresh food for them. One person sometimes chose to wait for their family to support with meals, but the staff always monitored and recorded food and drink intake to ensure they were well.

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

- The registered manager explained how they had referred people to specialist health professionals when needed and would continue to do so if people's needs changed. The service was small and did not yet require the need for much external professional involvement.
- However, systems were in place for staff to know how to make referrals and people were supported to access these. The registered manager also gave people leaflets on health services to review and access if they wished.

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

- All people currently had the mental capacity to make their own decisions. The registered manager had gained people's consent to care and treatment prior to delivering care and this was recorded in their care plans. People told us staff gave them choices and respected their wishes.
- The registered manager had systems in place to assess people's mental capacity if required and understood how to assess if something was in the persons best interest.
- Staff were trained and understood the principles of the MCA. They knew how to support people to continue making decisions and who to go to if the person was unable to do so.

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.

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

- People told us staff showed them respect and kindness. One person said, "I have a lot of care needs and so it takes me a long time [to do things]. Sometimes [staff] have to wait but make sure I am attended to before they go. They are respectful and never complain."
- The registered manager ensured that they matched people up with staff who understood and respected their beliefs and cultures in order to promote care delivery in ways that supported equality and diversity. For example, scheduling care around prayer times.
- People told us staff often went 'above and beyond' to make sure they had all they needed. This included rearranging a person's bedroom (with their consent) to make it more accessible for them. Staff going to the shop for people to ensure they had essential items throughout the COVID-19 pandemic. One person told us the registered manager was always available to talk on the telephone at any time when they experienced anxiety.

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

- People told us they were involved in all stages of planning and reviewing their care plans and relatives were also involved where people wanted this. One person told us, "[Staff] involved me to review my care needs and how they are going to do them. [Staff conducted] a full health and safety check too." A relative told us, "They involved us in reviews of [my family members'] care, there was a review form."
- People and relatives told us the registered manager regularly sought their views about the care and staff gave them choices about their daily life such as what to wear, eat or drink.

Respecting and promoting people's privacy, dignity and independence

- People told us staff listened to them and got to know how they preferred support so that they understood what they could and could not do for themselves.
- Staff told us they promoted people's independence by ensuring they followed care plans and risk assessments and encouraged people to do what they could safely.
- People told us staff respected their privacy both in terms of practical privacy such as covering people when providing personal care but also the confidentiality of their information. One person told us, "The staff are well trained, courteous, polite and most of all respect my privacy and 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 spoke very highly of the staff team and the registered manager and the care they received. One person told us, "It is good. The [staff] are friendly and I get along with them and everything is done as I need. In the beginning they checked how to do things [the way I prefer] but now they know."
- People's care plans were very detailed and gave staff a lot of information about people's family life and history. They also included information about people's diagnosed conditions and risks and how this impacted their daily living. This provided guidance for staff about how to respond to people's needs effectively and provide personalised care.
- People had not yet required the use of an advocate but information on local advocacy services was available and the registered manager explained they would support someone to access these if needed.

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 were able to communicate verbally. Where people spoke a language other than English. The registered manager had arranged for them to be supported by staff members who spoke the same language to support them to fully and openly communicate.
- The registered manager assessed each person's communication preferences prior to starting to support them. This was recorded in their care plans for staff awareness. The registered manager was aware of different forms of communication such as large print, other languages and pictorial.

Improving care quality in response to complaints or concerns

- People told us they did not have any complaints about the service as they were very happy with all aspects of the care. However, they said, should they have a concern they were more than happy to discuss this with the registered manager and were confident the registered manager would address their concerns. One person said, "Initially I was being supported by a female staff member, but I wasn't comfortable and wanted a male staff member, so they sorted that straight away." A relative said, "I would be happy to raise a concern. [The registered manager] always told me to do that."
- The registered manager viewed complaints positively and staff understood how to recognise a complaint that might be communicated in other ways such as in a response or gesture. Staff knew how to report complaints and were happy to do so.
- When complaints had been received in the past, the registered manager documented all concerns and

included these in an audit system that identified actions, outcomes and lessons learnt.

End of life care and support

- The service was not currently supporting anyone receiving end of life care. However, they had systems in place such as policies and understood the need for additional sensitivities to be recorded in care plans.
- People were asked about their wishes about illness and end of life at the point of initial assessment and this was revisited during reviews. The registered manager told us how they would work with district nurses to ensure people were not in pain and were supported with dignity at the end of their life.
- Some staff had previous experience of supporting people on end of life pathways. The registered manager had booked end of life care training for all staff to ensure they were ready to support people if needed.

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; Working in partnership with others

- People and relatives spoke highly of the service, the registered manager and how good the quality of care was. One person told us, "They make me feel safe because they are comfortable and friendly and easy to communicate with as well." A relative said, "[The registered manager] is compassionate, humane, considerate of our needs and is a true professional. We are continuously told the focus is on [my family member's] care."
- Some people and relatives had sent in written feedback about the care received. This was included in the registered managers monitoring and auditing of complaints and incidents to see what lessons could be learnt to promote further good practices. One person wrote. 'To [registered manager], thank you. You're the best carer I've had.' A relative said, 'You [registered manager] are very professional. You illustrated a clear understanding of the specific needs and wishes of the individual needing the care, treating them as individual human beings with their own personal feelings and emotions rather than just a number on a spreadsheet.'
- Staff and the registered manager understood how to promote person centred care and ensure people were in control of decision making. They had a good knowledge of various cultures and religious beliefs and practices which they used to support personalised care.
- The registered manager promoted other health and advocacy services to people and worked with other professional to assess risks to people and agree the safest way to support them.

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; Continuous learning and improving care

- The registered manager was open about the care they delivered and discussed anything they were concerned or unsure about with the relevant external authorities. They understood who to report notifiable events to and were aware they needed to display their rating CQC inspection rating once received.

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

- The registered manager had a good understanding of person centred, flexible care as well as the legal requirements of their role. They were aware of current guidance and kept themselves informed through networking externally and subscribing to websites that supported the development of best practice in care. This information was also shared with staff in meetings and newsletters.
- Audits of all aspects of the care delivery and business were regularly undertaken, and outcomes reviewed

by the registered manager. They looked at patterns and areas for improvement as well as business goals. For example, developing new cloud-based recording systems to ensure effective remote management of care in the event of a pandemic.

- Staff also showed a good understanding of the legal requirements of their roles and a good knowledge of the needs of people they supported. They understood how the risks and impact of conditions such as Dementia affected people's daily living and what they could do to support them to remain as independent for as long as possible.

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

- People told us the registered manager regularly sought their feedback about the service and the care. Records showed people's views as part of a quality assurance check of staff performance. All responses were positive.

- People had further opportunity to give feedback about the care during regular reviews.

- Staff also spoke highly of the registered manager and told us they had regular meetings and supervisions where they were confident to share any comments and make any suggestions or gain support. One staff member said, "The company is brilliant, I have no problems. If I need advice, [the registered manager] is always there. I am just happy."