

Mirai Management Limited

# Khepera Business Centre

## 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: Khepera Business Centre is a domiciliary care service which provides personal care to adults with a range of support needs in their own homes.

The Care Quality Commission (CQC) only inspects the service being received by people provided with 'personal care'. Where they do we also take into account any wider social care provided. Khepera Business Centre was providing personal care to one person at the time of the inspection.

The person who used the service and the staff all referred to the service as Mirai Management. The provider planned to apply to CQC to formally change the name to Mirai Management.

People's experience of using this service:

There were systems in place to recognise and respond to any allegations of abuse. Staff had received training in this area.

Safe recruitment procedures made sure staff were of suitable character and background.

There were systems in place to ensure people received their medicines as prescribed, if they needed support with this.

People were consulted and listened to about their care and support needs. People were supported to have maximum choice and control of their lives.

Staff were provided with an effective induction and relevant training to make sure they had the right skills and knowledge for their role. Staff were supported in their jobs.

People were supported to maintain good health and have access to health and social care services as required.

The service had up to date policies and procedures which reflected current legislation and good practice guidance.

There were effective systems in place to monitor and improve the quality of the service provided.

Rating at last inspection: This was our first inspection of the service.

Why we inspected: This was a planned inspection.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://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 

# Khepera Business Centre

## 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:

The inspection team consisted of one adult social care inspector.

#### Service and service type:

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to adults with a range of support needs, including people living with dementia and people with a physical disability.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

#### Notice of inspection:

This inspection was announced, which meant the provider was given 48 hours' notice of our inspection visit. This was because the location provides a small domiciliary care service and we needed to be sure that someone would be available to meet with us.

On the 7 March 2019 we visited the office location. On the 8 March 2019 we spoke over the telephone with the person who used the service and two members of care staff.

#### What we did:

Before this inspection, we asked the provider 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. We used this information to help with the planning for this inspection and to support our judgements.

Before this inspection we reviewed the information we held about the service, which included correspondence we had received and any notifications submitted to us by the service. Statutory notifications are information the registered provider is legally required to send us about significant events that happen within the service. For example, where a person who uses the service has a serious injury.

Before this inspection we contacted staff at Healthwatch Sheffield and they had no concerns recorded. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We also contacted members of Sheffield contracts and commissioning service and they did not have any concerns.

During the inspection we spoke with one person who used the service. We met with the registered manager, director and finance director. We spoke with two members of care staff. We spent time looking at written records, which included one person's care record, two staff personnel files and other records relating to the management of the service.

# Is the service safe?

## Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- The person who used the service told us they did not have any worries about any of the staff that visited them.
- Staff we spoke with confirmed they had received training in safeguarding adults from abuse. The training included recognising the signs and symptoms of abuse.
- Staff were aware of how to report any unsafe practice. We saw the provider had safeguarding and whistleblowing policies and procedures. Whistleblowing is one way in which a worker can report concerns, by telling their manager or someone they trust.
- The registered manager reported any concerns they had to the safeguarding authority in line with their policy.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- There were systems in place to help staff keep people safe. Each accident or incident was investigated and recorded, and where appropriate action plans were put in place to reduce the reoccurrence of further incidents.
- The care record we looked at contained risk assessments. The assessments contained information for staff on how to reduce any identified risks to the person. They also included any possible risks to care workers in the person's home, such as smoking or pets. We spoke with the registered manager and directors about developing the risks assessments to include even more information and guidance for staff.

Staffing and recruitment

- The process of recruiting staff was safe. We checked two staff personnel files and we saw each file contained references to confirm the applicant's suitability in previous relevant employment, proof of identity, including a photograph and a Disclosure and Barring Service (DBS) check. This helped to ensure people employed were of good character.
- We checked whether there were enough staff employed. The person who used the service told us staff stayed the full amount of time allocated to each call.

Using medicines safely

- The level of support a person required with managing their medicines was recorded in their care record.
- The provider had medicines policies and procedures, covering all aspects of safe medicines management.
- Care staff were expected to sign the person's medication administration record (MAR) to confirm they had given the person their medicines or record a reason why it had been declined. The director told us completed MAR charts were audited every three months when they were returned to the office. They told us they also checked MAR charts when they were visiting the person at home.

## Preventing and controlling infection

- The person who used the service told us staff always had access to personal protective equipment (PPE), such as plastic aprons and gloves. The director confirmed supplies were kept in people's homes.
- The appropriate use of PPE was covered as part of new staff's induction to the job.

# 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

Good: 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;

- The registered manager and director told us they visited the person at home to assess their care and support needs to ensure they could provide an appropriate service. A comprehensive care plan was then developed with the person, which included their support needs and personal preferences.

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.

- The service was working within the principles of the MCA. The registered manager was aware of their responsibilities under the Act.

- Staff we spoke with confirmed they had received training in this area.

- We saw the person who used the service had signed their consent to receive care and support from the service.

Staff support: induction, training, skills and experience

- The staff personnel files we looked at confirmed care staff had completed an induction. The induction included mandatory training in areas such as, safeguarding, confidentiality, food hygiene, infection control and equality and diversity.

- Ongoing training was up to date for all staff. This was mainly classroom based, bought in from an external provider. Staff were asked to complete a feedback form at the end of a training session. We saw the comments were positive and confirmed the training was useful.

- We saw copies of supervision records on staff personnel files. Supervision is regular, planned, and recorded sessions between a staff member and their manager to discuss their work objectives and wellbeing. There was a standard supervision form with a comprehensive list of areas that could be discussed including safeguarding issues, ethical and diversity issues, work load and communication

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

- When a person needed support with eating and drinking we saw their likes and dislikes were clearly documented, and guidance was provided to staff on how to encourage the person to eat and drink.

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



- The care record we looked at showed the person was supported to access a range of health and social care professionals. Contact details were included in their care record.
- The registered manager and director updated the person's professional support networks on their current health and social care needs, where appropriate and with their consent.

# 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

Good: 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

- We saw compliments from people who had used the service in the past. These were positive about the care they had received.
- There were systems in place to ensure people would be matched with care staff with similar interests and values. The person who used the service told us, "I choose which carers I want."
- All the staff we spoke with, including the registered manager and directors, talked about the service with compassion.
- We looked at whether the service complied with the Equality Act 2010 and how the service ensured people were not treated unfairly because of any characteristics that are protected under the legislation, such as gender and race. Our discussions with the registered manager and directors showed us people's rights were paramount to the service they provided. On the care record we looked at we saw the person was asked for their views in this area through assessments and reviews.
- Staff received training on equality. We saw this included, 'Working with clients respectfully to promote their rights and dignity, and understanding key legislation that underpins the promotion of equality and diversity.'

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

- The registered manager and directors actively encouraged feedback about the service.
- There were systems in place so people could submit feedback at any time online, by telephone or via post.

Respecting and promoting people's privacy, dignity and independence

- The person who used the service told us they took part in regular reviews of their care and support needs, and were involved in decisions about any changes. We saw records of these discussions taking place on the person's care record.
- Staff were able to tell us what it meant to treat people with dignity and respect.
- We saw the service's policies and procedures, statement of purpose and service user guide had a strong emphasis on promoting people's dignity and independence.

# Is the service responsive?

## Our findings

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

Good: 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

- The care record we looked at contained a 'Me, Myself and MIRAI' plan. This was written in the first person and gave detailed information, including any cultural, religious or spiritual needs, what the person enjoyed and what they did not like.
- The care record also held information on the person's current health and support needs in all areas of daily living. This included clear information for staff on how best to support the person to meet these needs.
- The person who used the service was supported and encouraged by care staff to undertake different activities and maintain their social relationships to promote their wellbeing.
- The person who used the service was able to contact the registered manager and directors to discuss any temporary changes to their care and support. For example, to attend a medical appointment or a family event.
- At each visit staff completed the person's daily log book which was kept in the person's home. This recorded the date and time of the visit and the support given. We saw the books were audited when they were completed and returned to the office for secure storage.

Improving care quality in response to complaints or concerns

- The provider had a 'Complaints and Concerns Policy'. It gave addresses and telephone numbers of who to contact to make a complaint and who to contact if people were unhappy with the original response. We saw this information was also available in the service user guide and in an easy read pictorial format. Throughout the service user guide, it was clear that feedback on the service was welcomed and would be responded to.
- The person who used the service told us they knew how to make a complaint and they would inform the registered manager or directors if they were unhappy with their care. They had never had a reason to do this.
- We saw two complaints had been made about the service. In both cases these had been investigated and responded to.
- The service met the Accessible Information Standard as we saw the provider had systems in place so people with a disability or sensory impairment were given information in a format that they can understand and use.

End of life care and support

- The service was not currently caring for any people who were at the end of their life. However, the registered manager and directors told us staff would receive training and support with this, if required in the future.

# 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

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

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

- The person who used the service told us the service was well managed.
- We saw analysis of 'Team Member Feedback' forms. Eight members of staff had completed a feedback form. 100% agreed the management team responded to their queries appropriately and in a timely manner.
- The registered manager was aware of their obligations for submitting notifications in line with the Health and Social Care Act 2008.

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

- The Mirai Management employee handbook described the core values of the provider, these were forward thinking, sustainability, trust and impact. They were promoted throughout the handbook. The provider's induction pack for new staff contained useful information about what to expect at work and how to feedback any issues. The pack also included a clear management structure with explanations about who was responsible for what.
- The provider had a comprehensive set of policies and procedures covering all aspects of service delivery. We saw these were up to date and therefore reflected current legislation and good practice guidance. These were available to staff on line, and paper copies were held in the office.
- We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems that help registered providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. The registered manager and director undertook audits of care records, and daily log books and MARs when these completed records were returned to the office. They also undertook scheduled home visits to observe staff competencies in medicines management and providing safe care. We saw where actions had been identified these were shared with staff to improve their practice.

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

- The director explained they used a business messenger service for all staff to be able to communicate with each other online. They had set up private 'group chats'. For example, there was an 'all staff' group. Staff feedback forms confirmed they found this system an effective way to communicate with the management team and with each other.
- We saw the provider produced a regular newsletter. This included photographs of recent events, updates, thanks and positive feedback.

- The registered manager and directors told us they also met with service user staff groups at a suitable location away from the person's home.

#### Continuous learning and improving care

- The registered manager and directors held regular management meetings. We saw from the records of these meetings that continuous improvements and business development ideas were discussed and actioned.
- As the service expands the registered manager and directors told us they planned to develop systems to track accidents, incidents and complaints to establish any common themes and reduce the risk of repeat events.

#### Working in partnership with others

- The registered manager and directors attended meetings with other health and social care professionals.
- We saw compliments from professionals included, 'A professional service throughout, I would not hesitate to recommend [the service].'