

Mia Care Services Ltd

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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

Mia Care Services Ltd provides personal care to people in their own homes. Six people who used the service received personal care at the time of this inspection. 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 using the service and their relatives said they were happy with the service provided and would recommend the service to others. They told us they and their family members were supported by staff who understood how to keep them safe and were caring and respectful towards them.

People were supported by staff who were recruited safely, had appropriate training and were well supported by the registered manager. Staff understood how to safeguard people using the service and were confident any concerns they raised would be listened to.

Procedures were in place and followed for the safe management and administration of medicines and infection prevention and control.

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.

People's care was planned around their wishes, preferences and needs. People and their relatives understood how to complain but had not needed to because they were happy with the care provided. They were confident that, if they contacted the administrative office, the management team would respond to them promptly.

Systems were in place to monitor the quality of care people received as well as their satisfaction with it. People, relatives and staff were encouraged to share their feedback.

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 in December 2020 and this is the first inspection

Why we inspected:

This inspection was prompted by a review of the information we held about this service.

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 ●

Mia Care Services 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

The inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there were two registered managers in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure the managers would be in the office to support the inspection. Inspection activity started with a visit to the agency office on 12 May 2022. We then contacted relatives of people using the service and care staff by telephone and email to gather their views.

What we did before the inspection

We reviewed the information we held about the service including any feedback from the local authority and notifications of significant events the provider had sent to us. 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

At the office we spoke with the registered managers. We reviewed the care records for three people using the service and three staff files in relation to recruitment, training and supervision. We also looked at a range of records relating to the management of the service.

After the inspection

We received feedback from one person using the service, one relative and three care staff giving their views of the service. We continued to seek clarification from the provider to validate the evidence found.

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

- People were protected from abuse. Staff received training to identify and report abuse. Staff told us they would report any concerns to the registered managers and were confident appropriate action would be taken. A staff member told us, "When I started at Mia care services I did training in safeguarding adults and whistle blowing.
- People and their relatives told us the staff who visited were friendly, caring and respectful. A relative told us, "I am very happy with them."

Assessing risk, safety monitoring and management

- The provider had assessed and managed risks to people's safety. People's care records included guidance for staff about how to provide support in a safe way. The registered manager carried out assessments to look at any risks such as medicine administration and moving and handling. The person's home environment was also assessed to make sure it was safe.
- Risk assessments were reviewed and updated as people's needs changed.
- Staff told us they knew how to provide people's care safely. People using the service and their relatives told us that they and their family members received consistent care from regular staff members who knew their needs. Care plans were personalised and addressed the care tasks required by each person. Staff told us that they could contact the registered manager for advice at any time. One staff member commented, "I believe that people using the service are kept safe."

Staffing and recruitment

- There were enough staff to support people safely. The registered manager told us how they tried to match people to care staff and accommodate any individual preferences.
- People and relatives told us that the carers supporting them were consistent, punctual and stayed for the correct length of time. One person said, "I get the same person. I get on well with them." A relative commented, "We get consistent carers. My family member doesn't like different faces." A member of care staff said, "I have enough time to see clients and I don't feel rushed."
- The service carried out recruitment checks on care staff to ensure they were suitable to work in people's homes. This included Disclosure and Barring Service (DBS) and identity checks along with references to confirm they were of good character. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. This meant people were protected from the risk of being supported by staff who were not suitable to work with them.

Using medicines safely

- Staff were trained in how to support people with their medicines and had their competency checked to do this safely. No-one was receiving support with their medicines at the time of this inspection.
- One staff member told us, "I have medication training. I am currently not administering any medication. Managers will check [peoples medicines] when they do a spot check".

Preventing and controlling infection

- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was using personal protective equipment (PPE) effectively and safely. Staff told us the managers had ensured they had appropriate protective equipment, such as face masks, disposable gloves and aprons throughout the pandemic. One staff member commented, "Managers have given me enough PPE to complete my visits. I have completed the most recent infection control training."
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- The provider had systems to identify and learn from any incidents. This included sharing the learning from incidents with the staff team to further improve the safety of the service.

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 care needs were assessed before the service started to provide care or support and these assessments were used to inform people's care plans. People and their relatives said they were invited to participate in the assessment process to help staff to further understand their or their family member's needs.
- The care plans we looked at addressed the support people required in detail and were personalised to the individual. They included, for example, people's preferred foods, their routines and what they could do for themselves.

Staff support: induction, training, skills and experience

- People and their relatives told us staff had the skills to meet their or their family member's needs.
- Care staff were expected to attain the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in health and social care sectors. It is made up of 15 minimum standards that should form part of a robust induction programme.
- Staff received regular refresher training and told us they felt supported by the management. One staff member said, "I was given training at the start of the job including safeguarding of adults." Another staff member commented, "If I had any issue, I know I can contact the office and they will deal with it properly."

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

- People and their relatives told us they were confident staff would call the doctor or emergency services if they were required. One relative told us, "They ask me if I need help. They have helped me with attending hospital appointments."
- Systems were in place for staff to alert the office if they became concerned for a person's health. Staff said the registered manager supported them effectively to take the appropriate action and ensure the person's safety. One staff member commented, "Yes, all information I report to the office is sorted out very quickly."

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.

- The registered manager and staff had received training about the Mental Capacity Act 2005. Where required, people's individual capacity to make specific decisions was assessed, for example, to take their medicines.
- Where a person was found to lack capacity, a best interests process was followed to identify how to provide the necessary care in the least restrictive way possible. This would be completed in partnership with the Local Authority and other involved people as appropriate.

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 and their relatives told us care staff knew them and their family member well and said they were happy with the care provided. One person told us, "I'm very happy with them." A relative said, "The carer is very friendly. [Family member] is very happy when they see them."
- Care records were written in a respectful and compassionate manner that demonstrated awareness of people's equality and their diverse needs. For example, one person's care plan emphasised the person's religion and how staff needed to support and respect this important area of the person's life.
- Where people expressed a preference around staff gender, language, culture, religion and/or social interests, the registered managers told us they would always take this into account when allocating care staff.

Supporting people to express their views and be involved in making decisions about their care. Respecting and promoting people's privacy, dignity and independence

- Care staff told us they asked people what they would like help with at each visit as some people preferred to have support with a variety of things. A staff member commented, "Yes, I always let my clients lead the day as well as following my care plan. I try to involve client as much as possible and encourage them."
- The managers and staff asked people for their views about their care. Regular telephone monitoring and other spot checks included the views of people and/or their relatives.
- People and their relatives told us care staff treated them and their family member well, were polite to them and their dignity was always maintained. One relative told us, "They are very polite."
- Care staff told us they received training about the importance of maintaining people's privacy and dignity and knew the people they supported well. This helped them understand each person's individual preferences and how people preferred to be cared for. One staff member told us, "I know all clients are different and I need to adjust my style to suit their needs. I understand respect is very important in giving care which comes hand in hand with dignity. It is very important for me to have a good relationship with my clients."

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's care reflected their needs and wishes. People and their relatives told us they could always discuss the care being provided with the staff and with the registered manager, to ensure their family members needs and preferences were met. We saw any changes in people's needs were updated in care plans.
- People and their relatives were regularly asked for their opinion of the care provided during spot checks and quality assessments.
- One relative commented "They help me a lot."

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.

- Staff understood how people preferred to be communicated with and this was referred to in people's care plans. The registered manager understood the importance of using communication methods such as large print and alternative language formats, where this was appropriate.

Improving care quality in response to complaints or concerns

- People and their relatives we spoke with did not have any complaints, but they knew how to complain and felt confident their issues would be resolved if they did. One person told us, "No problems."
- The agency had a written complaints process in place and this was made available to people using the service and their representatives in a pack kept at their home.

End of life care and support

- Where appropriate, people's end of life wishes and contacts were known and recorded for staff to refer to.

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

- The registered managers promoted a positive culture and set of values that informed the care provided by the service. They were committed to the provision of a high quality 'person centred' service and ensured their staff shared their vision and values.
- People and their relatives were assured they could contact the agency office and have any query they raised resolved in a timely manner. Staff were happy working for the service and their feedback included, "My overall experience working at Mia Care Services has been very good" and, "The managers are nice, they listen to any problem I tell 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

- People and their relatives felt able to raise any issues with the service. Staff felt confident to contact the registered managers if they had concerns.
- The registered managers understood the need to investigate and respond to complaints and, when appropriate, to make referrals to other organisations such as the host Local Authority. We saw examples where they advocated on behalf of their clients to ensure their health and wellbeing.

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

- Regular checks were made by the registered managers to ensure the quality of service. For example, to check medicines records and care notes were completed accurately by staff. Staff attendance at calls was monitored to ensure staff arrived at the agreed time and stayed the duration of the call.
- Spot checks of staff and the support being provided were undertaken. Written records were kept of these regular assessments and a process in place to action any changes required to improve the quality of service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care; Working in partnership with others

- People and their relatives told us the registered managers contacted them to ensure they were happy with their care. They told us they felt comfortable speaking with staff and sharing feedback about the service they received. One person said, "I have their number. They are very good."
- The management team and care staff were a diverse team and understood and promoted an inclusive

culture. A person using the service commented, "They respect my religion. They respect my culture."