



Inspection Report on

MIHomecare Western Bay

**Unit 2b
2 Waterton Road
Bridgend
CF31 3PH**

Mae'r adroddiad hwn hefyd ar gael yn Gymraeg

This report is also available in Welsh

1st February 2022

Date Inspection Completed

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About MiHomecare Western Bay

Type of care provided	Domiciliary Support Service
Registered Provider	MiHomecare Limited
Registered places	0
Language of the service	Both
Previous Care Inspectorate Wales inspection	
Does this service provide the Welsh Language active offer?	Working Towards. The service is working towards providing an 'Active Offer' of the Welsh language and intends to become a bilingual service or demonstrates a significant effort to promoting the use of the Welsh language and culture.

Summary

People are happy with the care and support they receive from consistent care staff. People are regularly involved in matters that affect them within regular reviews of their care. There are several opportunities for people to provide feedback about their care and the service; they can do this with care staff and/or directly with the Responsible Individual (RI). Care staff feel supported in their roles, receive good recruitment checks and mandatory training. However, improvements are required regarding the recording of information. We are aware that the service is undergoing a change in systems in order for information to be better recorded and accessible. The RI completes regular audits in order to review the quality of the service. People and care staff feel confident raising concerns with the management team and we saw systems in place to ensure that any concerns are addressed and reviewed by a manager.

Well-being

People and their relatives told us that they had good relationships with the service and management team. People told us how the service has supported them to meet their needs. Several review systems are in place to ensure people can make changes to their care and that their voices are heard. Important information is available for people, including contact details.

We saw risk assessments that support positive risk taking. People have access to the appropriate professional when required. Care staff are provided with detailed information to ensure that they know how people want their care and support. People told us that carers are on time to provide what care and support is required. People are supported to maintain their independence.

People told us they are happy with their care and the staff that support them. People feel confident raising any concerns with their consistent care staff team. Care staff complete mandatory training and the majority have the appropriate recruitment checks in place. These ensure staff are fit to work with vulnerable adults. Care staff hold good relationships with managers and are confident raising any concerns with them. We saw that some regular competencies are completed with care staff and the service is working to improve this.

Care and Support

Pre assessments are completed to ensure the service can meet the needs of the individual. Health and social care professionals are involved in people's care where appropriate, such as social workers. Information received from professionals is considered and included within the persons plan. People and their relatives said how the service has been able to help them during difficult times throughout the Covid-19 pandemic. One relative told us how they benefitted from additional support that was arranged for their loved one, as this gave them free time to follow their personal interests. One person told us *"they're worth their weight in gold"*.

People feel safe and are happy with their consistent care team. Several methods of feedback provided to care staff and people ensure there are opportunities for them to raise any concerns. Mandatory training is in place for care staff, which the majority have completed. Care staff have an up to date disclosure and barring service (DBS) check in place. These ensure people are fit to work with vulnerable adults. Care staff told us they are checked on by line managers to ensure they are following procedures; ensuring people are treated well and kept safe.

Medication support is provided appropriately. We saw that medication administration records (MAR's) are completed in full. This means people are getting the right medication at the right time and in the right way. There are risk assessments in place which show that people are encouraged or prompted to take their medication independently. Care staff told us they are checked regularly to ensure they are competent in administering medication. A competency assessment matrix shows some care staff had received their competency. We saw some risk assessments and personal plans in place. These explain how the person would like to be supported with their medication, these had been recently reviewed. People told us they get the right the level of support when they need it. There is a detailed medication policy in place for staff and people to seek guidance.

People's personal information, important contact details and personal history is recorded. This information helps care staff to understand the person and access important information about them. Personal plans are person centred and regularly reviewed with the person. We saw several ways in which people can provide feedback regarding their care these includes face to face and directly to the RI. Detailed information is available for care staff to understand what the person requires support with. Risk assessments such as mobility are in place. However, we found some information was not consistent throughout people's plans and risk assessments. We are aware the service is changing their current recording and monitoring systems. The new system appears clear and will ensure the appropriate information is reflected throughout the plan.

Leadership and Management

The RI gains feedback from people and care staff. We saw that one to one conversations are conducted which enable people to share their views and any concerns. The RI completes a six monthly quality of care review in line with regulation. This document enables the provider to reflect on what they have done well and what they could improve. The manager and RI maintain oversight of the service by analysing complaints, safeguarding issues, accidents and incidents monthly. This information could be included in the six monthly quality of care review in order to strengthen the document and possibly identify further improvements. Policies and procedures are in place and these can be provided in Welsh if required. There is a statement of purpose and service user guide in place. These include important information and contact details for people to use.

Care staff appear passionate and knowledgeable within their roles. Rotas show care staff are consistent and people told us they were happy with their care team. One person told us "*they are always on time*". Care staff appear confident in raising concerns with their manager and everyone we spoke to said they felt well supported by the management team. The majority of care staff have had the appropriate recruitment checks completed to ensure they are safe and fit to work with vulnerable people. Care staff receive mandatory training however; it is not clear what specific training is undertaken.

The service is currently changing the way they record and store information. This meant that many records at the time of inspection were being stored on different systems and/or in another office. Some documents had to be requested from the Human Resources team. We found several care staff had gaps in their supervisions, competencies and spot checks. We did see that some immediate action was taken to address this. We will follow this up at the next inspection.

Summary of Non-Compliance

Status	What each means
New	This non-compliance was identified at this inspection.
Reviewed	Compliance was reviewed at this inspection and was not achieved. The target date for compliance is in the future and will be tested at next inspection.
Not Achieved	Compliance was tested at this inspection and was not achieved.
Achieved	Compliance was tested at this inspection and was achieved.

We respond to non-compliance with regulations where poor outcomes for people, and / or risk to people’s well-being are identified by issuing Priority Action Notice (s).

The provider must take immediate steps to address this and make improvements. Where providers fail to take priority action by the target date we may escalate the matter to an Improvement and Enforcement Panel.

Priority Action Notice(s)

Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this inspection	N/A
21(1)	Regulation 21: Care and support: The service provider must ensure that care and support is provided in a way which protects, promotes and maintains the safety and well-being of individuals.	Achieved

Where we find non-compliance with regulations but no immediate or significant risk for people using the service is identified we highlight these as Areas for Improvement.

We expect the provider to take action to rectify this and we will follow this up at the next inspection. Where the provider has failed to make the necessary improvements we will escalate the matter by issuing a Priority Action Notice.

Area(s) for Improvement

Regulation	Summary	Status
59	Some information was not easily accessible on the day of inspection due to a on-going change in systems We found some information in peoples personal plans were inconsistent, information within plans was not reflected in risk assessments and in carers task based 'activities' We found gaps in care staff files within their recruitment and on-going support	New
16	review of the personal plan	Achieved
36	supporting and developing staff - supervision, appraisals and training	Achieved
66	Supervision for the manager	Achieved

Date Published 23/03/2022