



Inspection Report on

Miller Home Care Ltd

**1c Lucy Road
Neath
SA10 6RR**

Date Inspection Completed

16/02/2023

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About Miller Home Care Ltd

Type of care provided	Domiciliary Support Service
Registered Provider	MILLER HOME CARE LTD
Registered places	0
Language of the service	English
Previous Care Inspectorate Wales inspection	
Does this service provide the Welsh Language active offer?	This service does not provide an 'Active Offer' of the Welsh language and does not demonstrate a significant effort to promoting the use of the Welsh language and culture.

Summary

People are satisfied with the care and support they receive from Miller Home Care Limited Domiciliary Support Service. The service is well managed by an effective and developing management team and has motivated staff. There is information available for staff to understand how to best meet people's care and support needs.

Staff are available in sufficient numbers and mix of skills to provide support to people. Support staff are knowledgeable, respectful, and caring. Specialist equipment is in place and health referrals are made to promote peoples' health and well-being.

The service provider has developed systems to enable them to capture people's views and has systems to develop person-centred information. The management team have put checks and processes in place to keep service delivery under review with quality assurance measures. There is a manager in place who is registered with Social Care Wales (SCW – the social care workforce regulator) who also has the role of Responsible Individual (RI) and is completing these roles sufficiently at this time.

Well-being

People have control over their day-to-day lives. People told us they get on well with staff and commented, *“They’re very good, I’m more than happy with them, I would recommend them to anybody,”* and another commented *“Very good, excellent in fact, I couldn’t ask for more, they have a good value base.”* Records show people are offered choices to make everyday decisions. The RI told us they regularly speak with people they support and their families about what is important to them and how to best support them. Staff told us they feel well supported by the management team and commented, *“the ethics Miller Home Care have as a provider are the reason I work for them, clients are treated with the utmost dignity and high standards of care”* and another commented *“management are very approachable and accommodating and we as staff feel listened to.”*

People get the right care and support. Records reflect referrals are made to a variety of healthcare professionals such as social workers and nurses. This is also confirmed by comments from visiting healthcare professionals who told us they are satisfied with the care at the service. Care workers receive appropriate training to support them in their roles. People are happy and receive support from staff who know them well and have good honest relationships. People who use the service told us *“The staff are great; we get on well and they do the job the way I want it.”*

Care workers offer companionship and support people to do things they enjoy. People’s relationships with others are considered during the development and review of their personal plans. These acknowledge the input people’s family and friends have in their care and support. The views of people’s representatives are regularly sought as part of the service’s quality monitoring process.

People are safe and protected from abuse and neglect. The service provider has safeguarding policies and procedures, which are aligned to current legislation and national guidance. Staff demonstrate a sufficient understanding of their role and responsibilities. People are familiar with the care workers supporting them and value the relationships they have developed. Care workers are recruited in a safe way and have a good understanding of safeguarding and whistleblowing procedures. The manager regularly monitors care workers’ practice to ensure they are providing safe, appropriate care. People supported by the service tell us they feel safe and secure.

Care and Support

People are provided with the care and support they need. Staff know people well through questions such as 'what is important to the person' and 'how to best support the person.' Personal plans and risk assessments are up to date and reviewed as required. Personal plans are developed in consultation with people and those who are important to them. Existing care and support plans provided by health and social care commissioners are considered as part of support planning. Records of daily activity are recorded accurately and succinctly. Records show the service provider ensures medical advice and professional help is sought where needed. Care records were a little disorganised and difficult to find what you were looking for but this was addressed by staff at the time of our visit.

Policy, procedures, infection control measures and application of hygienic practices are in place. Staff demonstrate a sufficient understanding of infection control and the use of personal protective equipment (PPE). Staff were seen to wear appropriate PPE and follow correct procedures when needed. The service supports people to maintain a clean and tidy environment. The service has sufficient stocks of PPE.

There is an appropriate medication policy and procedure in place. Audits are in place completed by senior staff assisting people with their medication. However, we discussed with the RI that these would benefit from being more robust. Some people supported by the service, self-administer medication, and have support when needed. Medication is stored securely in the person's home. Staff who support individuals to manage their own medication are trained and assessed as competent including spot checks carried out by senior staff.

Environment

The quality of the environment is not inspected as part of a domiciliary support service inspection, as care is provided in the service users homes. However, we made the following observations.

The office is small and suitably equipped for the purposes of the day-to-day operation and management of the service but is a little cluttered. People using the service and employees can have confidence that their personal information is stored securely.

There are appropriate infection prevention measures in place with supplies of PPE available.

Leadership and Management

The statement of purpose (SoP) is fundamental to the service and must accurately describe the service provided and where it is provided. We discussed with the RI the need to ensure the description of the office in the SoP is an accurate picture. We also discussed the need to ensure the SoP is presented in a consistent style such as font size and style. The RI agreed to review and implement the updated SoP.

The service provider has governance arrangements in place to support the smooth operation of the service. Arrangements for the oversight of the service are in place, such as systems for assessment and care planning. The service is provided in line with the objectives of the SoP. Policies and procedures are in place and being implemented by staff with some needing updating with date of production and date of the next review, which the RI assured us would be done as a matter of importance.

People can be assured that the service provider and management monitor the quality of the service they receive. The RI visits the service to meet with people and staff. We looked at documentation that confirmed the RI conducts quarterly visits to the service for quality assurance monitoring. We discussed with the RI the need to review the format used for recording these visits to ensure they are summarised into one complete record. The RI produces the six-monthly quality of care report. We saw evidence the RI has good oversight of the service. There are systems in place to assess the quality of the service in relation to outcomes for people, which include feedback from people using the service and their representatives. Records show the service provider ensures oversight and auditing of care and support activities is conducted regularly. This is being overseen by the manager and RI.

The service provider has oversight of the financial arrangements and invests in the service. The RI assured us the service is financially sustainable to support people to be safe and achieve their personal outcomes.

There are enough staff on duty to safely support and care for people. Records show there is a mixture of experienced and new staff available, and this was seen during our inspection. We discussed and agreed with the RI the need to develop staff records to ensure staff employment histories are thorough and complete. We also discussed supporting and developing staff with supervision at the required frequency and staff training needs to reflect the SoP such as Health and Safety and First Aid.

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

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
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N/A	No non-compliance of this type was identified at this inspection	N/A
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