Mboho's Company Limited

Mboho Homecare

Inspection report

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Date of inspection visit:
22 March 2017
24 March 2017

Date of publication:
27 April 2017

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?	Requires Improvement

Summary of findings

Overall summary

This inspection was carried out on 22 and 24 March 2017 and was announced. This was the service's first inspection since registering with the Care Quality Commission on 05 September 2016.

Mboho Homecare provides personal care for people living in their own homes. At the time of the inspection five people were receiving a service from them.

The service had a manager who was registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the 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 and associated Regulations about how the service is run. On this occasion the registered manager was also the provider.

Prior to this inspection we received information that suggested people were at risk of harm because employment checks were not carried out and people received unsafe care. When we inspected Mboho Homecare we found no evidence to support these concerns, however we found that further development was required in areas relating to management of the service and recording peoples care needs to ensure they were meeting current requirements.

People told us they felt safe and their individual risks were assessed and managed. There were sufficient staff to meet people's needs who had undergone rigorous employment checks prior to working in the service. People were not supported to administer their medicines.

People were supported by staff who had received appropriate supervision and day to day support from the registered manager, however induction training was an area being further developed. People's consent was sought before care was offered and the registered manager and staff were familiar with the principles of the Mental Capacity Act 2005. People were supported to eat and drink enough to maintain a healthy diet and health professionals were contacted on people's behalf if needed.

People told us they were treated with dignity and respect and were involved in planning and reviewing their care. Their confidentiality was promoted as records were held securely.

People received personalised care that met their needs and there was effective communication between colleagues and the management team to help ensure staff had up to date information. People were supported with interests important to them and staff amended their social interaction with people based on their individual needs. There had been no complaints to review but people knew who to speak with if they had a complaint.

There were systems in place to monitor the quality of the service however these at the time of inspection had not been effectively utilised. These were being developed further to support an increase in people who

used the service when needed. People's care records lacked detail about the person, and were not updated when people's needs changed. People knew the registered manager and told us they felt the service was well run. Staff were very positive about the registered manager.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People told us they felt safe and that they were supported by sufficient numbers of staff.

Risks to people's individual safety and welfare were assessed and managed.

People were supported by staff who had undergone a robust recruitment process.

Is the service effective?

Good

The service was effective.

People were supported by staff who were supported by the registered manager.

People's consent was sought before care was offered although further training in relation to the Mental Capacity Act was required.

People were supported to eat and drink sufficient amounts.

People were referred to various health professionals where needed.

Is the service caring?

Good

The service was caring.

People were treated with dignity and respect.

People and relatives were involved in planning and reviewing their care.

Confidentiality was promoted.

Is the service responsive?

Good

The service was responsive.

People received personalised care that met their needs.

Staff were aware of how to meet peoples preferences and shared effective communication regarding peoples needs between them.

People were supported with individual interests and social interaction.

There had been no complaints received but people knew who to speak with if they had a complaint, and the service had received compliments about the care provided.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

Further development was needed to ensure peoples records were continually updated as their needs changed.

Systems in place to monitor the quality of the service were being developed.

People knew the registered manager and said felt overall the service was well managed.

Staff and people were positive about the registered manager.

Mboho Homecare

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 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 Health and Social Care Act 2014 and to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was announced and carried out by two inspectors. We gave the provider 48 hours' notice to ensure that they would be available to support us with our inspection and to ensure staff were available for us to speak with.

Prior to the inspection we received concerning information suggesting people were at risk of harm because they did not receive safe care when being assisted with their personal care needs, and that staff had not undergone the relevant employment checks prior to starting with the company. We reviewed information we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us.

During the inspection we spoke with four people who used the service, two staff members, and the registered manager. We viewed information relating to three people's care and support and we also reviewed records relating to the management of the service including employment records, auditing tools and training and development records.

Good

Is the service safe?

Our findings

People told us they felt safe. One person said, "Mboho Home Care has provided care in a professional way." A second person said, "We have a rapport so feel very safe with the carers and manager." Staff spoken with were aware of how to recognise and report abuse and had received training at induction in this area. However, were not aware of where they could report their concerns externally, and the training provided through induction did provide sufficient time to staff to develop their knowledge in this area. We have reported on this in the well led section in more detail. The registered manager however had a good understanding of how to respond to any concerns about people's welfare and visited people in their homes frequently throughout the week, ensuring people were satisfied with the care they received when they spoke with them.

People were allocated to a team of care staff who regularly attended to them. People confirmed their calls were at the time they requested and for the length of time they were booked for. People told us that staff, including the registered manager also had time to carry out extra tasks when needed. One person said, "Right staff at the right time, calls never missed, never late, never." A second person said, "If the carers are likely to be running late, a telephone call is always forthcoming advising likely arrival time." Staff spoken with told us they had sufficient time to spend with people and did not feel rushed. One staff member said, "For me, I have just [Person] to assist, and it's the same for all of us, we just have our own client to support so we get into a daily routine and it works well." Staff confirmed that if they had difficulty in getting to a person on time, then they reported to the registered manager who would then undertake the call themselves. This was also confirmed by the people spoken with.

People told us they felt that individual risks were assessed and managed positively. People had a full assessment undertaken which identified areas of risk. For example, in relation to mobility, nutrition, skin integrity or environmental issues. These were not all well documented within peoples care records, however staff spoken with were able to recall in detail people's particular needs and how they supported them day to day. For example, staff told us about one person who returned from hospital with sores on their pressure areas. Staff were able to describe the care they provided daily to this person, and also about the frequency of when they repositioned the person to reduce the pressure on these areas. The sores were at the time of inspection improving. People confirmed they were happy with how risks were managed, and told us the registered manager conducted a robust assessment that ensured staff were well aware of any issues. One person told us, "[Registered manager] always attends when a new carer is introduced." A second person said, "[Registered manager] know what they're doing. I'm quite happy. They check I'm happy and that I'm ok, they're good and having the same staff means they know what I need. I've had other carers (different agency) before and they were ok but these are the best."

Staff told us they frequently discussed with the registered manager any changes to people's needs, and that they responded promptly when needed. This means that although the care records did not document accurately the change in people's needs, staff had shared the risks through handover and responded accordingly.

The service followed a robust recruitment process that helped to ensure staff were of sufficiently good character to work in a care setting. We saw that application forms were completed, references were sought, staff identities were checked and there was a criminal records check undertaken prior to staff starting work. Where staff had been employed from overseas, the registered manager had ensured the appropriate identification and work permits were verified.

People who used the service were able to manage their own medicines without the need for staff to administer them. Staff spoken with confirmed that they would remind, or prompt people to take the medicine, but did not actively give them their medicine at a required time. The registered manager told us that staff would not administer medicines until they had all received the appropriate training to do so. Where staff used a cream or emollient prescribed by a doctor, they made a note within the care record to note they had done so.

Good

Is the service effective?

Our findings

People told us they felt the staff were experienced and that staff were skilled and knowledgeable. One person told us, "The carers are all courteous and understanding and provide an efficient service."

Staff told us they completed an induction when they started work with the service and this covered areas which included moving and handling, safeguarding people from abuse, health and safety and infection control. However, we found this training was not as effective as it could be. Staff had completed 12 subjects including health and safety, infection control, food hygiene, safeguarding adults, equality and diversity and basic life support in one day. We discussed this with the registered manager who agreed that the content of the course was not as thorough as they would prefer, however required an induction to be provided and an external provider told them this style would be sufficient. When we tested staff knowledge through discussion, we found gaps around their understanding of some of these areas. The registered manager however had contacted a local training provider, who had been able to organise nationally recognised training in all these areas to provide staff with more formal robust training in all areas.

Staff competency was further tested during regular spot checks and during supervision meetings. Staff told us that although the training was basic, the support given by the registered manager had compensated for this. One staff member told us, "Induction was with [registered manager] who is also a nurse. We went through all the needs of [Person] what might come up and how to manage and then did shadowing [observing a competent staff member] until we were ready. We had moving and handling training by someone who was trained, and had supervision though out our induction and a few weeks after to make sure we was happy. The manager is very hands on and lead from the ground, anything we need and any help we need is there at the end of the phone."

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. We checked whether the service was working within the principles of the MCA and found that they were.

People's consent was sought before care was offered. One person said, "[Registered manager] completed the assessment and everything they do is what I agree with." Staff did not have a clear understanding of their role in relation to capacity and consent with one staff member saying, "It's about would they be able to understand what I am doing." This staff member, although not clear, worked with a second staff member who did understand these principles, and told us, "It's about people's ability to make their own choices and understand those decisions, but that we don't presume they can't understand." The registered manager however had a good working knowledge of an assessment of capacity may be required where a person's ability to make decisions had reduced. They were also familiar with the need for family members to have legal authority if they were making decisions on a person's behalf. The risk of people's needs in relation to their capacity not being met were reduced as the service did not support people who were unable to

communicate their wishes to staff, and the registered manager had taken action to provide sufficient training.

People were supported to eat healthily and maintain their nutritional intake. Staff spoken with were able to tell us about people's particular needs in relation to food and fluid, and were clear about how they supported people either at risk of being underweight, or those who were overweight. For example, we were told about one person who was diabetic and how staff needed to be aware of certain foods they were unable to eat.

Staff when concerned about people's changing health needs contacted the registered manager who then referred people to various health professionals. For example we were told about one person who had returned from hospital with decreased mobility, and saw that the registered manager had been liaising with the occupational health teams to carry out assessments of the environment and suitability of mobility equipment to assist with transfers. Staff worked with a range of other professionals including the GP, district nursing teams, pharmacists and social work teams.

Good

Is the service caring?

Our findings

People told us they were treated with dignity and kindness by staff. One person said, "I feel very happy with how the staff treat me in my own home, very kind and respectful." Another person said, "I'm really happy honestly. Nothing to complain about. The care is so good, they do everything I need."

People's privacy was respected and staff spoken with were able to demonstrate their awareness of how they protected people's privacy when providing care. Staff were aware of the need to knock on doors prior to entering the room, closing the curtains in the room and speaking at a lower level to avoid other people in the home overhearing.

People were involved in planning and reviewing their care. One person told us, "[Registered manager] will come along with a new carer and makes sure we are all happy with the care needed, and that we feel they can meet our needs. We all plan out how the package will work, and that we are happy with things." Another person told us," Whenever they undertook my care they would, in private, ask how things are progressing and if everything was satisfactory."

People told us and staff confirmed that there were frequent daily handovers between carers and people they supported and these were communicated to the registered manager. We saw from care records that people's personal preferences were documented, however these required further improvement to ensure they were person centred and encapsulated the individual care each person required. We discussed this with the registered manager who agreed that the record lacked detailed information about people's life choices and preferences and they would undertake to review these.

People were however supported by staff who knew them well. Staff were able to tell us in details about people's needs, preferences and how they liked to be supported. Staff were able to recall how people were within themselves, and how they would adapt their approach depending on the time of day it was or how the person communicated for example. Staff were clear when describing people's individual routines and how they met these people's varying and changing needs.

People's confidential records were stored securely and confidentiality was promoted. We saw that records at the office were held securely and that records in people's homes were stored securely to minimise the likelihood of someone visiting the person unwittingly glancing at the confidential information contained in them. Staff spoken with were aware of the need to maintain confidentiality at all times and would report any concerns they had to the registered manager.

Good

Is the service responsive?

Our findings

People received personalised care that met their needs. One person told us, "I wasn't myself in the beginning and I was harsh [Towards the staff], but we had a good chat and now I'm ok we understand each other, I apologised, and get exactly the care I want, they're lovely."

Staff spoken with were clear in how they supported people's needs. An assessment had been carried out prior to care being delivered, which was completed with the person and registered manager. Although the care records did not consistently provide clear guidance for staff, there was effective communication between staff and people using the service about how they wished their care to be provided. Staff were clear about what type of support people needed and how this should be delivered. Staffing allocations meant one staff team supported only one person throughout the day at various times. They had built a close rapport with them along with the registered manager who also knew people well. The registered manager and staff were aware of peoples individual needs and how to meet them. One person told us, "I know the staff who care for me so well, they know where all the things are I need for a bath, or how to get me ready the same way every day." One staff member described how they knew to provide person centred care saying, "[Person] has mobility problems, we will go upstairs and they will be in bed where we left them the previous night. We spend time doing their leg stretches first, that's what they want us to do, then transfer to the shower, apply creams daily and take them to the living room to get them settled while we get their breakfast ready." The registered manager told us, "Everybody gets their care how they want, and more, I see [Person] and when we have finished they have me cleaning the glass on the shower, doing extra jobs that we don't get paid for. When I say [Person] I shouldn't really do this, I don't mind really, its small things that matter."

People were supported with their individual interests and social interaction. Staff spoken with told us about one person's daily routine. They told us about this person's life, relationships and interests comprehensively. When describing the persons daily routine they said, "In the evening its always the same routine, sometimes [Person] is tired so we hoist them, but when we leave we make sure they have their Ipad, and Sudoku which we will sometimes sit and do together."

People were aware they could make a complaint to the registered manager and a policy was in place for this. However, since opening six months prior to the inspection, no complaints had been received. We were however shown two compliment cards that had been received, praising the staff and manager for providing good care and support to people when they needed this.

Requires Improvement

Is the service well-led?

Our findings

People spoken with told us they knew the registered manager, saw them regularly and felt overall the service was well run. One person said, "They know what they're doing." A second person said, "I always see [Registered manager] they are hands on and in touch with what needs to be done." Staff spoken with agreed with the views of people and shared their views that the registered manager was supportive and listened to their views.

At the time of the inspection, the registered manager had a suite of policies, auditing tools and systems they could use to monitor the quality of care provided, but did not utilise these fully. They relied solely on people reporting to the office if the care staff were late or missed a call, and on their regular visits to people at home. Staff competency was assessed by the registered manager but not documented into an assessment of staff skills, and did not then form part of on-going professional development. The registered manager when accessing induction training for staff had not considered the quality of the content, merely the need to have a certificate to evidence they had accessed this. They acknowledged the quality of training was not sufficient and had taken steps following the inspection to organise a nationally recognised certificate.

Team meetings were not held with staff to discuss either the service improvement or needs of people who used the service. The registered manager told us they had done this informally when they saw staff, but was planning on formalising this in the future.

People's care records were not updated when their needs changed, or where there were identified care needs these were not always addressed in the care record. For example, one person's care record noted they used a catheter. However, a care plan was not developed to manage this, although staff were clear on how to do so. A second persons care plan noted that, "The buttock and under breast to be wash and dried properly." However there was no accompanying body map, or wound chart recording the size of the area or the severity of the wound for staff to monitor progress. People's personal care records documented when to provide care, for example preferred times of showers and baths, but then did not further explore how to provide this. Staff however were clear about peoples personal preferences.

The registered manager at the time of inspection did not have a system in place to monitor the satisfaction of the service provided, or improvements people felt were required. Ordinarily this would be completed by the use of surveys to people, relatives, staff and other professionals. However, as the service remained small the registered manager frequently spoke to people to gather their feedback, however, they also acknowledged this level of personal care would not be manageable as the service grew in size. They were in the process of developing a system to seek feedback from people and collate the feedback so that they could use this information to improve the service.

There were audits in the process of being implemented and the registered manager had contacted local organisations for support to ensure these were effective, however this was an area that required improvement to ensure peoples records were accurately maintained, training, development and appraisal systems were effectively used, and effective monitoring was in place to ensure calls happened as required,

and incidents were effectively monitored.