MBI Homecare Ltd

MBI Home Care Limited

Inspection report

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Ratings

Overall rating for this service	Requires improvement
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Requires improvement
Is the service well-led?	Requires improvement

Overall summary

MBI Homecare is a domiciliary care agency which provides personal support to people in their own homes. At the time of our visit the agency provided a service to 70 people.

We visited the office of MBI Homecare on 6 August 2015. The provider was given 48 hours' notice that we were coming. This was to make sure they would be there and so they could arrange for care workers to be available to talk with us about the service.

The service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission 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. The registered manager was also the provider for the service.

People and their relatives told us they felt safe using the service. Care workers were trained in safeguarding adults and understood how to protect them from abuse. There were processes to minimise risks associated with

Summary of findings

people's care to keep them safe. This included the completion of risk assessments and checks on care workers to ensure their suitability to work with people who used the service.

Managers and care workers understood the principles of the Mental Capacity Act 2005 (MCA) and people were asked for their consent before care was provided. Most people told us staff had the right skills and experience to provide the care and support they required.

People told us care workers respected their privacy and were kind and caring. There were enough suitably trained care staff to deliver care and support to people. However, people had different experiences about the service they received. Some people had regular care workers who arrived on time, other people had to wait over the agreed time. Some people told us they had difficulty communicating with their care workers as their ability to speak or understand English was limited.

Care plans and risk assessments contained relevant information for staff to help them provide the personalised care people required. The provider was unable to confirm that care workers carried out people's care as recorded in their care plans. This was because records made during care calls were not regularly checked to confirm this.

Most people knew how to complain and information about making a complaint was available for people. Most people said they were confident about raising complaints and knew who to contact if they had any concerns. Staff said they could raise any concerns or issues with the managers, knowing they would be listened to and acted upon.

There were processes to monitor the quality of the service provided and to understand the experiences of people who used the service. This was through communication with people and staff, checks on medication records, returned surveys and a programme of checks and audits. However, these systems were not consistently identifying that people were not receiving the quality of care and services they expected.

Summary of findings

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.

People told us they felt safe with their care workers and care workers understood their responsibility to keep people safe and report any suspected abuse. There were procedures in place to protect people from the risk of harm. This included procedures for managing risks associated with peoples' care, thorough staff recruitment and a safe process for handling medicines.

Good

Is the service effective?
The service effective.

Most people had regular care workers who had received training and support to deliver effective care to people. Staff understood the principles of the Mental Capacity Act 2005 and people's consent was requested before care was provided.

Good

Is the service caring?
The service was caring.

People were supported by care workers who they considered kind and caring and who promoted their privacy and independence.

Good

Is the service responsive?
The service was not consistently responsive.

Most people received support from care workers that understood their individual needs. However, some people said communication was difficult as their care worker had little understanding of English. Some people were unhappy about the times care workers arrived to provide their care, as this was later than the time agreed. Care plans were regularly reviewed and care workers were given updates about changes in people's care. People were asked for their views about the service and knew how to make a complaint if needed.

Requires improvement

Is the service well-led?
The service was not consistently well led

Most people told us they were satisfied with the service they received from MBI Homecare. There were processes to monitor the quality of service people received, but these were not always consistently implemented to ensure people received a good service. The provider could not be certain care workers carried out the care people required as records of visits to deliver care were not regularly checked.

Requires improvement

MBI Home Care Limited

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 is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 6 August 2015 and was announced. We told the provider we would be coming so they could ensure they would be in the office to speak with us and arrange for us to speak with care staff. The inspection was conducted by one inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using, or caring for someone who uses this type of care service.

We reviewed the information we held about the service. We looked at the information received from our 'Share Your Experience' web forms and the statutory notifications the service had sent us. A statutory notification is information about important events which the provider is required to send to us by law. We also reviewed the information in the provider's information return (PIR). This is a form we asked the provider to send to us before we visited. The PIR asked the provider to give some key information about the service, what the service does well and improvements they planned to make.

Before the office visit we sent surveys to people who used the service to obtain their views of the care and services they received. Surveys were returned from six people and one relative. We also contacted people who used the service by telephone and spoke with eight people, (five people who used the service and three relatives).During our visit we spoke with two care workers, the deputy manager and the registered manager, who was also the provider for the service.

We reviewed three people's care plans to see how their care and support was planned and delivered. We looked at other records related to people's care and how the service operated including, medication records, two staff recruitment records, the service's quality assurance audits and records of complaints.

Prior to our visit we had received some concerns about the quality of the service people received. We shared these concerns with the local authority contracts officer who had contacted the provider and visited the service. We contacted the contracts officer and asked for an update; we were told no further concerns had been received and that they continued to monitor the service.

Good

Is the service safe?

Our findings

All the people we spoke with said they felt safe with their care workers. Returned surveys showed people who used the service felt safe from abuse or harm. Care workers understood the importance of safeguarding people they provided support to. Care workers had completed training in safeguarding adults and had an understanding of what constituted abusive behaviour. They understood their responsibilities to report concerns to the managers or staff in the office. One care worker told us," If I have any concerns I would record it and report it to the office. They would look into it and refer it to the local authority."

There was a procedure to identify and manage risks associated with people's care, including risks in the home or risks to the person. Staff knew about people's individual risks to their health and wellbeing and how these were to be managed. Records confirmed that risk assessments had been completed and care was planned to take into account and minimise risk. For example, care workers used equipment to support people who needed assistance to move around and undertook regular checks of people's skin where they had been assessed as at risk of developing skin damage.

Recruitment procedures ensured, as far as possible, care workers were safe to work with people who used the service. Care workers told us they had to wait until their Disclosure and Barring Service (DBS) and reference checks had been returned before they started working in the service. The Disclosure and barring Service assists employers by checking people's backgrounds to prevent unsuitable people from working with people who use services. Records confirmed staff had DBS and reference checks completed before they started work. Several people who used the service told us some care workers had limited understanding of English which caused problems with communication. The provider had been made aware of these concerns and told us all applicants attended a face to face interview so their verbal skills were assessed. The provider had also implemented a literacy and numeracy test which all prospective care workers completed during recruitment. This included a written test about their care knowledge. The provider was confident the changes introduced to the recruitment process would ensure all new staff were able to communicate effectively in English. The provider told us there was on-going recruitment of care workers to replace care workers who left the agency and to allow the service to develop.

We looked at how medicines were managed by the service. Most people we spoke with administered their own medicines. Where people needed support, it was recorded in their care plan so that care workers knew support was to be provided to meet the person's needs. Care workers we spoke with said they were confident administering medicines because they had received training. They were also regularly observed to make sure they were competent to administer medicines safely.

There was a procedure to check medicine records to make sure there were no mistakes. Care workers told us they checked the medication administration records (MAR) on each visit to make sure there were no gaps or errors. If they identified any errors they reported this to the office. Additional checks were made on MARs during spot checks by senior staff to ensure care workers had administered medicines correctly. Completed MARs were returned to the office for auditing and filing.

Good

Is the service effective?

Our findings

Not all the people and relatives we spoke with and who completed our survey, thought care workers had the skills and knowledge to meet their needs. Three people thought some care workers would benefit from training in speaking English. Comments included, "Sometimes new carers need reminding about things and their English is hard to understand. But they arrive accompanied by experienced staff who help with verbal communication." One person told us, "Wouldn't have thought they have a lot of training." Other people thought care workers were well trained, comments included, "Oh Yes they are," and "Yes I think they are."

Care workers told us they received training considered essential to meet people's health and safety needs. This included training in supporting people to move safely, medicine administration and safeguarding adults. Care workers we spoke with confirmed they had their understanding of speaking, writing and reading English assessed during their recruitment. Care workers told us their induction prepared them for their role before they worked unsupervised. One care worker told us, "I am quite new to care, the induction and training I had prepared me for working with people. I worked with a more experienced worker until I felt confident and was assessed as competent to work on my own." Care workers said they received the training they needed to enable them to meet people's needs and preferences. One care worker told us, "I was shown everything I needed to do during my induction. I had Stoma training so I could support a client, the training went well but it was very different doing this for the first time on the person. I am confident doing this now." A stoma is an opening in the stomach where a bag is attached to collect waste products. Another care worker told us, "We have lots of training and this is updated every year. I have just had my moving and handling and safeguarding training updated. I think this is good, as you are told about any changes in how we should be doing things."

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The MCA protects people who lack capacity to make certain decisions because of illness or disability. DoLS referrals are made when decisions about depriving people of their liberty are required. The provider told us there was no one using the service that lacked capacity to make their own decisions about their daily routines. Care workers we spoke with had completed training in MCA and understood the principles of the Act. They knew they could only provide care and support to people who had given their consent. They told us the MCA meant, "Giving people choice and allow them to make their own decisions." People confirmed staff asked them if it was alright with them before they provided care, comments included, "Yes, they ask if it's okay before they do things."

The service used an electronic system for care workers to log in when they arrived and left people's homes. The system alerted the office if care workers had not logged in within 15mins of the allocated call time. We were told care workers were now consistently using this system and there had been very few alerts about care workers being late. Information received from the local contracts officer also indicated they had not received any recent concerns about missed or late calls.

Some people received food and drinks prepared by care workers. People said they chose what they ate themselves and the care worker put it in the microwave. All the people we spoke with said they were able to get a drink themselves or a family member was available to do this. No one we spoke with was dependent on the care worker to provide all their food and drinks.

All the people we spoke with managed their own healthcare or relatives supported them with this. Care workers said they would usually inform their family if people were unwell, but they would phone the GP or district nurse if they had immediate concerns about someone's health.

Good

Is the service caring?

Our findings

The majority of people we spoke with told us care workers were friendly and had a caring attitude. One person told us, Oh yes they are all very nice girls." People said care workers maintained their privacy and treated them with dignity and respect. We found this was not consistently implemented. When we asked if staff understood people's communication needs. Three people told us they did, comments included, "Yes, they make allowances for him being deaf." And "Yes they ask him. It works well." Other people told us that at times it was difficult to converse with their care worker due to their lack of English. Two people told us that care workers talked over them in their own language. They told us that this made them feel uncomfortable as they couldn't understand what care workers were talking about. The provider told us they had dismissed two care workers recently for not working to their policies and procedures including communication with people. The provider and deputy manager told us they were now 100% confident that all staff employed could speak English well enough to carry out their roles effectively.

People had different experiences with consistency of staffing and did not always receive care from workers they knew well. People were not always happy with the continuity of care provided to them or their relation. One person told us, "They do have a tendency to send different people. I'm not very happy with that, I like the same ones." "We must have had six different carers in as many weeks; it seems to be settling down again now." Although another person told us, "We are very pleased and have the same carer every morning." Care workers told us they supported the same people regularly and knew people's likes and preferences. Care workers told us they knew people well enough to identify any changes in their support needs or general health so they could ensure these were addressed.

Care workers we spoke with had a good understanding of people's care and support needs. We were told, "I have time to read care plans and have time to talk with people when I've finished. I like to do this as we are sometimes the only people they see all day." People said care workers completed the tasks they expected them to before they left, although one person told us, "Some seem to be in a rush to get to the next client." Care workers said they were allocated sufficient time to carry out their calls without having to rush. The deputy manager told us, "Some people would like more time allocated but this is not always possible. Government cuts have had a big impact on the services we provide, the lack of funding affects people lives and the support offered."

People told us they had been involved in planning their care. They said their views about their care had been taken into consideration and included in their care plans. One person told us, "This was done while I was in hospital, but I was involved." People said the service helped them maintain their independence and where possible they were supported to undertake their own personal care and daily tasks. We saw staff held review meetings with people to ensure the care provided continued to meet their needs.

Care workers understood the importance of maintaining people's confidentiality. Care workers told us they would not speak with people about others, and ensured any information they held about people was kept safe and secure.

Requires improvement

Is the service responsive?

Our findings

People told us their support needs had been discussed and agreed with them when they started to use the service. . People told us care workers understood how they liked to receive their care and that the care they received met their needs. We asked people if staff knew about their likes and preferences. People who had regular care workers said they did, comments included, "Yes they do really; they have been coming for two years." Another said, "We are very pleased and have the same carer every morning."

We looked at the care files of three people who used the service. Plans were individualised and provided care workers with information about the person's individual preferences and how they wanted to receive their care and support. Care plans were reviewed annually, or more frequently for new clients and as needs changed. People and their relatives were involved in reviews of their care to make sure their views were taken into consideration.

People were mostly happy with the service they received. However, some people were unhappy about the times care workers arrived to provide their care. We asked if care workers arrived when people expected them, comments from people included, **"**Not very often. It depends on who they are sending." One person told us they had experienced several late calls, another told us, they had two care workers who supported them but sometimes one arrived an hour before the other. This meant they had to wait until the second carer arrived to be assisted out of bed. The deputy manager told us that calls were scheduled so staff worked in specific areas, this made sure time spent travelling between people's homes was kept to a minimum to help ensure care workers arrived within the expected time. One person told us times care workers arrived had improved, "There has been improvement in the last two weeks."

Staff told us if there was an unexplained delay, for example traffic hold ups, they may arrive later than expected. Staff said if they were likely to be delayed they either phoned the person or asked the office to let people know they were running late. However, we found this procedure was not always followed. One person told us, "The office didn't phone me I phoned the office when my care worker was late. The office contacted the care worker and then phoned back to say they would be here shortly."

Three people told us they were concerned that some care workers could not speak or understand English, so they had difficulty making them understand if things had changed. People told us, "I have had two or three carers since Christmas who don't understand English. I cannot get them to understand if it is something different I need." "It is sometimes difficult to understand carers as their English is often poor and they also find it hard to understand me." A relative told us, "[Name] is not completely satisfied with the care provided as care workers do not speak good English. She doesn't always understand them nor they her." We asked this relative if staff were able to complete daily records of the calls they made. The relative looked at the daily records and told us that records were written in English that were easy to understand. Records confirmed staff checked the person's pressure areas and applied cream as prescribed to meet the person's needs.

The managers told us the service supported a diverse group of people from different ethnic backgrounds, this included people from other European countries and India. We were told the service had some people that could not speak English and they employed staff who were able to converse with people in their language, for example Punjabi, so they could provide safe and responsive care and support.

We looked at how complaints were managed. The provider information return completed by the provider told us, "To make sure that service users and their relatives or representatives are confident that their complaints are listened to, we take proactive steps to encourage and enable service users to use the complaints and compliments procedure. All complaints are acknowledged in an appropriate manner and investigations commenced within the period specified in the information given to the Service User. A record is kept of all complaints and compliments which is reviewed regularly to ensure that any recurring issues are avoided and the service is improved." We found these processes were followed.

Most people and their relatives knew they could telephone the agency's office if they wanted to make a complaint or raise a concern. Comments from people were, "Normally I do it by phone and they deal with it, I don't really have any complaints." "The only complaint is the timing, they are frequently late, but this week was not so bad." Another person told us, "I did [make a complaint] someone came out to talk about it. It was resolved well." Staff said they

Requires improvement

Is the service responsive?

would refer any concerns people raised to the managers or staff in the office. People told us they had been provided with information about how to make a complaint in case they needed it.

We asked the provider about managing complaints. They told us there had been four formal complaints in the last 12 months. As well as care workers understanding of English, these included poor time keeping and standard of care provided. The provider told us what action they had taken in response to the complaints. This included making sure staff worked in geographical areas to reduce travelling time and by increasing the frequency of spot checks and direct observation of staff performance. We looked at records of complaints; these had been recorded and dealt with in a timely manner. People had the opportunity to raise concerns knowing these would be taken seriously and looked into.

Requires improvement

Is the service well-led?

Our findings

People had different experiences of using the service. Most people were satisfied with the service they received, but some people said it needed improvement, as they had received late calls. For example, "I wish the timing of visits was a bit better," and, "The afternoon call used to be up to an hour late, it's a bit better now."

Prior to our visit we had received some concerns from people who had experienced late or missed calls, and were unhappy about the standard of care provided by care workers. We referred these concerns to the local authority contracts officer for the service who asked the provider to investigate these issues. We asked the provider what they had done about this. We were told they had identified two workers that had not worked to the provider's policies and procedures and the staff concerned had been dismissed. The deputy manager told us they were increasing spot checks of care workers and observations of their practice. This was to make sure care workers put their training into practice and worked in line with the provider's policies and procedures. The management team were confident when the increased checks had been fully implemented this would make sure any issues were picked up so they could be dealt with quickly.

People told us they were asked for their views and opinions about the service during reviews and telephone calls. Some people said they had received an annual satisfaction questionnaire asking about their views of the service.

We asked the provider in the PIR how they assured people received a quality service. The provider told us, "Having a caring, open and responsive approach where the service user feels respected, as an individual, and his or her needs are being met is key to the delivery of quality services. Listening to and responding to compliments, comments and complaints provide managers and staff with essential information about improvements that can be made". Not all the people we spoke with thought the provider put this into action.

Although most people were satisfied with the service they received, some people said the response from the provider and senior staff could be improved. Comments included: "[The provider] is not interested in knowing about any issues. She can be abrupt and non-approachable." A relative of a person no longer using the service told us, "[The provider] seemed hostile and abrupt, I didn't feel listened to." We discussed this with the provider who was surprised people had this view of them. The deputy manager told us, "Because people don't know who we [the managers] are, when they phone with concerns they think we are rude, abrupt and don't care or don't want to help them. We sometimes have a different view about their concerns. To try and address this managers have decided to increase face to face communication with people so they know who we are and so concerns can be addressed quickly." Some people we spoke with said this had started to happen, one person told us, "I would say things have improved. The owner came out and explained what had been going on in the past. I was happy about that."

The service had a clear management structure; this included the provider who was also the registered manager, a deputy manager, office manager and two team leaders. Care workers knew the management structure and who their line manager was, so they understood who to report concerns to and who was responsible for providing supervisions.

The provider understood their responsibilities and the requirements of their registration. For example, they had submitted statutory notifications and completed the Provider Information Return which are required by Regulations.

Care workers said they understood their roles and responsibilities and what was expected of them. They told us they had received a staff handbook when they started working at the agency that contained the provider's key policies and procedures, including a code of conduct which they were expected to read and follow.

Care workers told us they felt supported by the provider and managers. They told us they had regular supervision meetings to make sure they understood their role and spot checks to make sure they put this into practice safely. Care workers were aware of the provider's whistle blowing procedure and confident about reporting any concerns or poor practice to their managers.

The provider had systems and processes to monitor the service people received. We found these had not been consistently implemented. People were not always confident that concerns raised with the office would be responded to. The system for auditing completed care records needed improvement as at the time of our visit,

Requires improvement

Is the service well-led?

records were not returned to the office for checking. The provider could not be certain people received their care and support in the way they required. The provider told us they would reinstate returning records to the office on a monthly basis ensuring current records were left in the home for continuity of care.

There were regular visits to the service from the local authority contracts department to monitor the care and support provided. We contacted the contracts officer for the service and asked for their views on the service. We were told there were actions identified from their last visit on 9 July 2015 that they would be following up at their next visit. These issues were similar to what we had found during our inspection.