

MBI Homecare 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?

Requires Improvement 

Is the service well-led?

Good 

Summary of findings

Overall summary

About the service:

MBI Homecare Ltd is a domiciliary care agency. It is registered to provide personal care to people in their own homes, including, older people, people with mental health needs, and people living with dementia. At the time of the inspection visit the service supported 47 people.

People's experience of using this service:

People and relatives felt safe with staff who provided their care and support. Risks associated with people's care were assessed and managed safely. There were enough staff to provide the care and support people required. There were safe procedures for recruitment of staff and to manage people's medicines.

People's needs were assessed to ensure they could be met by the service. Staff received training and support to be effective in their role. 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. Where required, people were supported with their nutritional needs.

Staff were caring. They respected people's rights to privacy and dignity and supported people to maintain independence. People felt involved in their care and made decisions about their care and support.

Some people had difficulty communicating with some staff whose first language was not English. Most people received their care from staff they knew, around the times agreed. However, some people said their evening call could be much earlier than arranged. People were involved in planning and agreeing their care. Care plans contained all the information staff needed to provide personalised care. Systems were in place to manage and respond to any complaints.

The management team understood their regulatory responsibilities. Staff felt supported by the management team. There were processes for regularly assessing and monitoring the quality of the service. Rating at last inspection: Good. The last inspection report was published (9 March 2017).

Why we inspected: This was a planned inspection based on the date and the rating of the previous inspection.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our inspection programme. If any concerning information is received, 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 not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

MBI Homecare 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

One inspector and an expert by experience carried out the inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service. The expert by experience supported the inspection by making phone calls to people who used the service.

Service and service type:

MBI Homecare Ltd. is a domiciliary care agency. It provides personal care to people living in their own homes, including, older people and people living with dementia. CQC regulates the personal care provided.

The service had a manager registered with the Care Quality Commission. 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. The registered manager was also the provider of the service.

Notice of inspection:

This comprehensive inspection took place on 8 August 2019. The inspection was announced. We gave the service 48 hours' notice of the inspection because we needed to be sure the registered manager and other staff would be available to speak with us.

Inspection activity started on 22 July 2019 and ended on the 8 August 2019 when we visited the office location to meet with the registered manager, speak with staff; and to review care records and policies and procedures.

What we did:

Prior to the inspection, we looked at the information we held about the service and used this to help us plan

our inspection. We reviewed the information we had received about the service since the last inspection. We sought feedback from health and social care professionals that work with the service. This included the local authority and an organisation that supports people with direct payments. 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.

During the inspection:

We spoke with six people who used the service and ten relatives, by telephone to obtain their views of the service provided. We spoke with the registered manager and two members of staff.

We reviewed a range of records. This included, four people's care records, including daily records, risk assessments and medicine records. Two staff personnel files, including recruitment and training records. Records of complaints and the provider's quality audits and checks.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained, good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Everyone we spoke with said they, or their relative, felt safe with the staff from MBI Home Care Ltd. Comments included, "I think my (relative) is definitely safe with the staff. They are very experienced."
- Care staff had completed training, so they knew how to recognise abuse and understood their responsibilities to report concerns to the managers.
- The managers knew the procedure for reporting concerns to the local authority and to us (CQC).

Assessing risk, safety monitoring and management

- People had an assessment completed at the start of the service to identify any potential risks to providing their care and support.
- Staff knew about risks associated with people's care and had completed training to manage people's risks safely. Such as, helping people to move, and administration of medicines.
- People confirmed staff knew how to manage identified risks. A relative told us, "They never rush her and walk alongside her when she uses her walker."

Staffing and recruitment

- There were enough staff to ensure people received all their care calls.
- People told us they received all their planned calls. Most people said their care calls were provided by staff they knew who stayed for the length of time agreed.
- Records confirmed calls to people were scheduled to a small team of regular staff at pre-arranged times.
- The provider used an electronic system for call scheduling, which also monitored the time staff arrived and left people's homes.
- The provider's recruitment process included checks to ensure staff who worked for the service were of a suitable character. Records confirmed checks and references had been obtained before staff started to work with people.

Using medicines safely

- Where people were supported to take their medicines, this was recorded in their care plan. One person told us, "They are caring staff, they cream my legs for me, they wear gloves. They also help me with my tablets. I have trouble getting them from the pack, so they pop them into an eggcup for me."
- Staff had been trained to administer medicines safely.
- The management team completed regular checks to ensure staff worked in line with the provider's medicine administration procedure and best practice guidance.

Preventing and controlling infection.

- People said staff used disposable gloves and aprons.
- Staff understood their responsibilities in relation to infection control and hygiene.

Learning lessons when things go wrong

- The provider had a procedure for recording accidents and incidents.
- There were no identified trends or patterns from recorded incidents.
- Where needed care plans and risk assessments were updated, and planned care adjusted to keep people safe.

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.

At the last inspection this key question was rated as Good. At this inspection the rating for this key question has remained 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 needs were assessed before they started using the service. Assessments included people's care and support needs, likes and life style choices. This ensured people's needs could be met and protected characteristics under the Equality Act 2010 were considered.
- Information from assessments was used to develop care plans that were kept under review to identify any changes.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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.

- The managers understood their responsibilities under the Act and knew to contact the local authority if they had concerns about a person's capacity.
- No one using the service at the time of our inspection lacked capacity to make every day decisions or had restrictions on their liberty.
- Staff completed MCA training and people confirmed staff gained their consent before they provided them with assistance.
- Some relatives had the authority to make certain decisions on behalf of their family member. Copies of authorisations were not available to confirm what decisions relatives were able to make. The registered manager told us they would request these.

Staff support: induction, training, skills and experience

- People and their relatives said staff had the skills and training to look after them. Comments included, "My carers are really good at what they do. The regular one is always getting messages about going in for training." Another said, "(Relative) uses a standing hoist and they all know how to use it."
- Staff completed ongoing training and received individual meetings, to support them with their work.
- Some people said not all staff had good English language skills. For example, "Language can be a difficulty sometimes. I have brought it up with (registered manager) and she explained they are new, and she is training them."
- We discussed people's comments with the registered manager who told us during their recruitment staff

completed literacy and numeracy tests, as well as a face to face interview to assess their language skills. The registered manager also arranged additional courses for staff that needed support with speaking, reading and writing English.

Supporting people to eat and drink enough to maintain a balanced diet

- Staff made sure people who required support with their nutritional needs had sufficient amounts to eat and drink. A relative told us, "I leave (relative's) meal out and the staff will blend the food if required. They need to help with his food and will usually stand at the side of his bed to feed him. I feel it is all done in a dignified way."
- People told us staff made them drinks while they were there and left them with a drink before leaving. Comments included, "There is an issue with (relative's) appetite, but they [staff] are monitoring it and do let us know if [person] isn't eating. They do leave drinks and things out for them and will write everything in the book".

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

- People we spoke with made their own health care appointments or had family who supported them to arrange these.
- Staff monitored people's general health and knew to report any concerns to people's family and the office. A relative told us, "I am fully confident in the staff, they always let me know if they see any changes in his condition, skin etc. so I can speak to the district nurse.
- The management team and staff worked closely with health and social care professionals to improve outcomes for people, including social workers, GPs and district nurses.

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.

At the last inspection this key question was rated as Good. At this inspection this key question remained Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- People thought staff were caring and treated them with dignity and respect. People told us, "The staff are very caring and they have formed a lovely relationship with (relative). They are very respectful and support her independence." Another said, "She [care staff] is very experienced at caring and is very kind and considerate. She treats me with dignity and uses towels to keep me warm and preserve my modesty. She understands my condition and works with me; she is very sensitive."

Ensuring people are well treated and supported; respecting equality and diversity.

- People were happy with the care staff that visited them and described staff as kind, caring and friendly.
- People said staff were considerate and often did extra than what was expected of them. Such as, "The carers are lovely and get along with (relative) they offer to bring the bins in and things which they don't have to do. (Relative's) two main carers are excellent."
- Another said, "She [care staff] is fantastic, she makes sure my dignity is maintained and she does whatever is on the plan. Also, she will do extra bits for me if she has time, like making a sandwich or a bit of ironing. She works with how I am feeling on the day, she works above and beyond the care plan. I couldn't manage without her."
- People told us staff were considerate. For example, "(Relative) is hoisted and they are always very careful and gentle and check they are comfy."
- Most people thought staff understood their cultural needs. Comments from relatives included, "The staff are aware of (relative's) background and are respectful. I think they all have a good awareness of cultural diversity," and "They understand [person's] condition and work around their cultural background. All the staff are respectful of [person's] needs and culture."

Supporting people to express their views and be involved in making decisions about their care

- People had regular care staff who they could build trust and relationships with. A relative told us, "They are very good, they explain what they are doing all the time. (Relative) can't communicate verbally and the staff make sure they smile and are gentle with her. They will do things like show her different clothes, so she can make a choice of what to wear and things."
- People were involved in their assessment process, care plan reviews and made everyday decisions about their care.
- Staff understood people's communication skills. For example, "They are very caring and really know who to communicate with him. They are talking to him all the time and telling him what they are doing."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. This was because some people had experienced late or missed calls. People knew how to complain but some people did not always feel listened to.

Although improvements from the last inspection had been made, at this inspection this key question remained requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care and support was planned with them when they started using the service. This included agreement of the times for calls to be delivered.
- Most people said their care was provided around the times agreed. However, several people told us their evening call was often earlier than expected. For example, "They come far too early to put me to bed, it was 9pm then it went to 7pm so I complained, and I got it to 9.30pm but it is dropping back again." Another said, "Times can vary particularly at weekends, which can be an annoyance as I do like to stay up later then. I have booked 9 to 9.30pm but they can come as early as 7.30pm."
- Most people told us they were visited by the same staff, who were part of a team that knew them well. However, some people told us they would like more consistency as they had a lot of different staff visit them. For example, "I am not sure they understand her condition as they send a lot of different people. (Relative) has dementia and too many faces can be disorientating."
- Most people were happy with the staff that visited them and had built up friendships with them. One told us, "We have had the same lady in the morning for years, she is brilliant and monitors (relative's) condition. She knows her so well. We all have a good relationship and I can rely on her telling me if there are any changes."
- Some people shared concerns about the language skills of staff who visited whose first language was not English. Comments included, "You can have a laugh with them but there is a language problem with some, in that they don't understand what is being said and reply inappropriately." This person went to say, "Sometimes they will send two staff who are the same nationality and they will natter away in their own language ... I have no clue what they are saying and think it is very rude."
- We spoke with two care staff whose first language was not English. They had completed the providers literacy test during induction and were applying for a further English literacy course. Both staff members understood what we were asking, but one struggled to answer our questions in English.
- We shared people's comments and our findings with the registered manager. They were confident all staff were able to carry out their roles and communicate effectively. They said they would speak with the member of staff concerned to see if they required additional support.
- Each person had a personalised, detailed, care plan for staff to follow. Plans were reviewed as people's needs changed, or annually if no changes had occurred.
- People knew they had a care plan. A relative told us, "(Relative) has a comprehensive care plan, I was

involved from the beginning. The carer updates it after each visit and (deputy manager) has been out to make sure it suits (relative's) needs."

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.

- The provider was meeting the AIS standards. Information was available in different formats, such as large print or other languages if required.

Improving care quality in response to complaints or concerns.

- Systems were in place to manage and respond to any complaints or concerns raised.
- People knew how to raise complaints and had been provided with complaints information when they started to use the service. People told us, "I know how to complain but I haven't needed to," and, "The office is easy to get hold of and (deputy manager) is great and if there have been any problems, she has dealt with them straight away. There have been times when I have had to ring (registered manager) directly. The relationship is quite open, and I tell her if I am not pleased with things."
- There had been no formal complaints received by the provider in the past 12 months.
- The provider kept a comments book to record minor concerns, so they could monitor trends and resolve issues before they escalated to complaints.
- Some people told us they had raised concerns about consistency of care workers, call times and care workers not speaking English, but no issues had been recorded in the comments record.
- The registered manager showed us that concerns had been recorded on people's individual records. However, this did not include the action taken, or the outcome and could not easily be monitored for trends and patterns. The registered manager advised they would start recording concerns in the comments book.

End of life care and support

- At the time of this inspection no one supported by the service was at the end stage of life.
- Care records contained information about people's end of life wishes, if they chose to share it.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained 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: Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and relatives were happy with the care provided and told us they would recommend the service. Comments included, "I would definitely recommend them we couldn't cope without their support," and "I certainly would recommend them, in fact I have done, they are like friends more than carers."
- People thought the service was well managed. One person said, "(Registered manager) and (deputy manager) are the people who run the place and I would speak to either one if I needed to. I am sure if I had a problem, they would sort it out."
- Feedback from people, relatives and staff was encouraged through phone calls, review meetings and quality questionnaires. Comments included, "They sent out a questionnaire recently," and "Now and again they send out a questionnaire, but I don't bother with them. I will phone the office if I have something to say."
- Not all satisfaction calls made to people, or calls made from people to the office, were recorded. The registered manager advised this would be implemented.
- People were provided with telephone numbers, so they could contact the office in an emergency. People told us, "I have been given the 'out of hours' number and the office number and told I am welcome to ring at any time," and, "The fact I know I can talk to them and things will be resolved is a massive thing."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements: Continuous learning and improving care: How the provider understands and acts on duty of candour responsibility.

- The service was led by an experienced management team who staff said were, supportive, approachable and knowledgeable.
- The managers understood their roles and responsibilities. They understood what they needed to notify us about and their ratings were displayed as required.
- The registered manager and deputy manager were motivated to provide a good service to people.
- Staff felt supported in their role and received regular individual meetings and observations of their practice to make sure they worked in line with the provider's policies.
- There were processes to monitor the quality of the service. Records from people's homes had been audited when returned to the office and staff, and service user surveys were sent regularly.
- Feedback from people and staff were used to support continuous improvement.

- The registered manager had a good oversight of the service, but some procedures required improvement, such as recording of concerns and consistency of care calls. The registered manager confirmed these would be addressed as a priority.
- Management meetings and staff meetings took place regularly. Minutes were kept of meetings that showed the topics discussed and any actions needed.
- The registered manager, who was also the owner of the service, carried out provider audits, but these were not recorded. They said this would be rectified to evidence audits took place and to record any actions required.
- The provider understood their responsibility to be open and honest when things had gone wrong.

Working in partnership with others

- The management team had developed positive working relationships with people's families and health and social care professionals which assisted in promoting people's physical and mental health.