

MBI Homecare Ltd

MBI Home Care Ltd

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

MBI Home Care is a domiciliary care agency which provides personal care to people in their own homes. At the time of our inspection the agency supported approximately 66 people with personal care and employed 42 care staff.

Following our last comprehensive inspection of the service in August 2015 we rated the service 'Requires Improvement'. This was because the provider was not providing the standard of service we would expect in two key areas, responsive and well led. During our comprehensive inspection in February 2017 we found improvements had been made, but further improvement was required for the service to be consistently responsive.

We visited the offices of MBI Home Care on 9 February 2017. We told the provider 48 hours before the visit we were coming so they could arrange to be there and for staff to be available to talk with us about the service.

A requirement of the provider's registration is that they have a registered manager. There was a registered manager in post at the time of our inspection. 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 and associated Regulations about how the service is run. The registered manager was also the provider of the service.

People told us they felt safe using the service and staff understood how to protect people from abuse and keep people safe. There were processes to minimise risks to people's safety. These included procedures to manage identified risks with people's care and for managing people's medicines safely. The character and suitability of staff was checked during recruitment procedures to make sure, as far as possible, they were safe to work with people who used the service.

There were enough staff to deliver the care and support people required. Staff received an induction when they started working for the service and completed regular training to support them in meeting people's needs effectively. People told us staff had the right skills to provide the care and support they required.

The managers and staff followed the principles of the Mental Capacity Act (MCA). Staff respected decisions people made about their care and gained people's consent before they provided personal care.

People had different experiences with the times staff arrived to provide their care. Some people said staff arrived around the time expected; others had experienced late or missed calls. The provider used an electronic system for staff to log in and out of people's homes; this system did not alert office staff if care staff had not arrived at people's homes at the expected time.

People told us staff stayed long enough to provide the care they required. Most people said they received

care from staff they knew. Staff we spoke with visited the same people regularly and knew how people liked their care delivered. Care plans provided guidance for staff about people's care needs and instructions of what they needed to do on each call. Where people required support, staff made sure people had enough to eat and drink and were referred to healthcare services when required.

People told us staff were kind, respected their privacy, and promoted their independence. Staff felt supported to do their work effectively and said the managers were approachable and knowledgeable. There was an 'out of hours' on call system, which ensured management support and advice was always available for staff.

People knew how to complain if they needed to. People and staff said they could raise any concerns or issues with the managers, although some people felt they were not always listened to by the registered manager.

Quality assurance systems were in place to assess and monitor the quality of the service. These included asking people for their views about the service through telephone conversations, visits to review their care and annual questionnaires. Feedback gathered by the provider from people and their relatives was used to make improvements to the service. There was a programme of other checks and audits which the provider used to monitor and improve the service.

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 felt safe with staff, and there were enough staff to provide the support people required. Staff understood their responsibility to keep people safe and to report any suspected abuse. People received support from staff who understood the risks identified with people's care and knew how to support people safely. The provider checked the suitability and character of staff before they were able to work in people's homes. People received their medicines as prescribed.

Is the service effective?

Good ●

The service was effective.

Staff completed training and were supervised to ensure they had the right skills and knowledge to support people effectively. The managers followed the principles of the Mental Capacity Act and staff respected decisions people made about their care. Where people required support with their nutritional needs, staff made sure people had enough to eat and drink. People were supported to access healthcare services when required.

Is the service caring?

Good ●

The service was caring.

Most people received care and support from staff they were familiar with and who understood their individual needs. People were supported by staff who they considered caring and respectful. People said staff maintained their privacy and supported their independence so they could remain at home.

Is the service responsive?

Requires Improvement ●

The service was not consistently responsive.

People did not always receive their care at the times expected and some people had experienced late or missed calls. People's care needs were assessed and people received a service that was based on their personal preferences. Staff understood people's

individual needs and were kept up to date about changes in people's care. People knew how to complain but some people did not always feel listened to.

Is the service well-led?

Good ●

The service was well led

Most people were satisfied with the care they received. Staff received the support and supervision they needed to carry out their roles and felt confident to raise any concerns with the managers. There was an experienced management team that regularly reviewed the quality of service people received.

MBI Home Care Ltd

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 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The service was last inspected in August 2015 when we found the provider was not meeting the essential standards described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Improvement was required for the service to be responsive and well led. At our comprehensive inspection in February 2017, we found improvements had been made but further improvement was required for the service to be consistently responsive.

The office visit took place on 9 February 2017 and was announced. We told the provider 48 hours before the visit we would be coming so they could ensure they would be available 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.

Prior to the office visit we reviewed the information we held about the service. We looked at 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 contacted the local authority commissioners to find out their views of the service provided. Commissioners are people who contract care and support services paid for by the local authority. They had no new information to share about the service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We found the information in the PIR was an accurate assessment of how the service operated.

The provider also sent a list of people who used the service; this was so we could send surveys to people and contact people by phone to ask them their views of the service. Surveys were sent to 27 people who used the

service and six relatives. Surveys were returned from six people who used the service and one relative. We also asked the provider to send surveys by email to staff who worked for the service. The provider confirmed they had sent surveys to all staff, however no staff surveys were returned. We spoke with 17 people by phone, 11 people who used the service and six relatives.

On 8 February 2017 we visited four people in their own home. During these visits we spoke with the four people who used the service and two relatives. We observed the interactions of five staff during visits to people and spoke with four of these staff. We used this information to help us make a judgement about the service.

During our office visit we spoke with three care staff, the training manager, deputy manager and the registered manager. We reviewed three people's care records to see how their care and support was planned and delivered. We checked whether staff had been recruited safely and were trained to deliver the care and support people required. We looked at other records related to people's care and how the service operated including the service's quality assurance audits.

Is the service safe?

Our findings

Everyone we spoke with and people who completed surveys told us, they, or their relative felt safe with the staff from MBI Home Care. One person told us "Yes I feel safe, my carers are all very nice people." Comments from relatives included, "I would say (name) is safe with the staff, they certainly seem to know what they are doing."

People were supported by staff who understood how to protect people from the risk of abuse. Staff attended safeguarding training regularly; they told us the training assisted them in identifying different types of abuse. Staff we spoke with said they would not hesitate to inform the managers if they had any concerns about people's safety. The registered manager and deputy manager understood their responsibility for reporting any safeguarding concerns to the local authority safeguarding team and to us.

There were processes to minimise risks to people's health and wellbeing and to staff safety. People were visited by a member of the management team before the start of their service to assess their care needs and identify any risks associated with their care. People's care plans included the actions staff should take to minimise the identified risks to keep people safe. For example, for people who required equipment to move around, including a hoist or standing frame, there were instructions for staff about how to move people safely. Staff told us risk assessments were reviewed and up to date. One staff member told us, "They [senior staff] are reviewing these all the time, they make sure slide sheets and hoists are checked and safe to use." Some people we spoke with needed equipment to help them move, one person told us, "They will steady me when I am walking with my frame. They stand behind me and encourage me; I know they are there if I stumble." A relative told us, "The staff are very good when moving (name) in the hoist. They make sure she is comfortable before raising her and always use a towel or something to cover her." Where two staff were required to use a hoist, plans reminded staff about this. People confirmed staff followed this guidance; one person told us, "I have two carers in the morning and at night. They are very good they usually come together but if they do come separately they would wait before trying to move me."

Where people were at risk of skin damage due to poor mobility, care plans instructed staff to check skin for changes and to report any concerns to the GP or district nurse and to inform the office staff. Completed records of calls showed care staff carried out checks and applied creams to prevent skin damage as advised. People we spoke with confirmed that staff checked their skin regularly to make sure it remained healthy. One person told us, "They check my skin every day; they apply cream and let me know if it's getting red so I can let the nurse know."

The provider's recruitment process ensured risks to people's safety were minimised. The character of staff was checked prior to employment, to ensure they were of a suitable character to work with people in their own homes. Staff told us and records confirmed, they had their Disclosure and Barring Service (DBS) checks and references in place before they started work. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with people who use services. Where staff required authorisation to work in the United Kingdom, copies of their right to work documents were kept on file.

The managers told us there were enough staff to allocate all the calls people required. All the staff we spoke with confirmed there were enough staff and that they were not asked to cover additional calls to people unless staff were off at short notice. One staff member told us, "Yes there is enough staff, if someone phones in sick they, [managers] know which staff has availability to cover. They will ask me to cover shifts if someone is sick at weekends, but not very often. I don't mind helping out if I can," The provider used an electronic system to allocate visits to people to make sure staff were in the right place at the right time. The system allocated visits to staff at specific times and included the time allowed for the visit to take place. Staff received their work rotas weekly, rotas informed staff the people they would be visiting and the time they should arrive.

Care staff were provided with 24 hour support from managers. The provider had an out of hour's on-call system to support staff when the office was closed. One staff member told us, "I have used the on call when I needed help or advice, it works well. If you leave a message they phone you back straight away." This reassured staff that there was always someone available if they needed support.

We looked at how medicines were managed by the service. Most people we spoke with administered their own medicines or their relatives helped them with this. People who were supported by staff told us their medicines and creams were administered as prescribed.

Where MBI staff supported people to manage their medicines it was recorded in their care plan. People had no concerns about how they were supported to take their medicines. One person we visited told us staff did not always remember to give them their medicines. Staff who were present during our visit told us, they applied prescribed creams but the person's family member gave the tablets. The family member who was also present said they did give some medicines but preferred staff to do this. We spoke with the managers about this who told us they would arrange a review of the person's care.

Staff told us, and records confirmed; they had received training to administer medicines and had been assessed as competent to give medicines safely. Staff we spoke with were confident they knew what to do. They said they checked medicines against a medicine administration record (MAR), recorded in people's records that medicines had been given and signed to confirm this on the MAR.

MARs were checked by staff during visits and were returned to the office weekly to be checked for any errors. The completed MARs we looked at in two people's homes and in office files had been accurately signed and dated by staff when medicines were administered.

People told us and during visits to people we observed, staff followed good hygiene practice by using disposable gloves and aprons and by washing their hands to prevent the spread of infection.

Is the service effective?

Our findings

People we spoke with and who completed surveys, said staff had the skills they needed to support them or their relation effectively with their care needs. One person's relative said, "I think all the staff have some training and are supported to do more. (Staff name) the main carer is excellent and I believe is undertaking her NVQ (National Vocational Qualification)." This is a recognised qualification in health and social care that supports staff knowledge and learning to provide effective care to people.

People and their relatives told us that new staff worked alongside more experienced staff while they were learning. One person told us they often had new members of staff visit with their regular staff "to get to know the ropes". This person went on to say, "They seem to have a lot of trainees. They do ask me if I mind, and we only have the new ones for a short time."

Staff told us they completed an induction programme and training to ensure they had the skills they needed to support people. Staff told us their induction included working alongside an experienced member of staff, and training courses tailored to meet the needs of people they supported. The training manager confirmed staff induction training was based on the Care Certificate. The Care Certificate sets the standard for the skills and knowledge expected from staff working in a care environment.

The training manager was passionate about ensuring care staff had the right skills and training to do their job. They told us, "I am committed to making sure care staff working in social care have the right training and skills to do their job. The care certificate is a good way of assessing staff skills and their understanding of what they have learnt." Staff were positive about the training they completed, they told us, "The training is really good, they make sure it's always up to date and it's really helpful. For example in moving and handling training you are taught the theory and then the practice, where we use equipment like a hoist and a slide sheet."

The managers kept a record of staff training, which included dates when refresher training was due to be renewed. Records confirmed staff received regular training to keep their skills up to date and provide effective care to people. This included training in supporting people to move safely, medicine administration and safeguarding adults. Staff also received training in specific conditions such as dementia. This was to ensure people received care from staff that understood their medical conditions.

Staff received management support to make sure they carried out their role competently and effectively. Staff told us in addition to completing the induction programme and refresher training; they had regular observations of their practice to make sure they understood the training and put this into practice effectively and safely.

We checked whether the provider was working within the principles of the Mental Capacity Act 2005 (MCA), and whether any conditions on authorisations to deprive a person of their liberty were being met. 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. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

The managers understood their responsibilities under the MCA. They told us there was no one using the service at the time of our inspection visit that lacked the capacity to make all of their own decisions. Some people lacked capacity to make certain complex decisions, for example how they managed their finances. Those people had somebody who could support them to make decisions in their best interest, for example a relative. Staff completed training in the MCA and staff we spoke with knew they should assume people had the capacity to make their own decisions, unless it was established they could not. All the staff we spoke with said people they visited could make everyday decisions about their care, or had relatives that supported them to make these decisions." Staff knew they should seek people's consent before providing care and support. One staff member told us, "I always explain what I am going to do and ask the person if this is alright with them before I start." People confirmed staff made sure they were in agreement before commencing care. A relative told us, "I hear them ask (name) if she is ready to get up and such like, the staff are very patient."

Most people we spoke with were able prepare their own food or had relatives who helped them do this. Where people required staff to assist them with meal preparation, this was recorded in their care plan. People who had assistance from staff to prepare their meals were satisfied with the service they received. One person said, "I always have the same for breakfast but they always ask in case I fancy something different." People and their relatives told us staff asked if they wanted a hot drink whilst they were there and made sure they had a cold drink available before they left.

Some people told us staff helped with meal preparation and would warm up a meal or make a meal for them. One person told us, "Depending on how I feel I might ask them to cook a meal. I have a halogen oven so it cooks fast." Everyone we spoke with, where staff helped with meals, told us staff always offered choices and asked what they would like.

The provider worked in partnership with other health and social care professionals to support people's health. The managers told us people were referred to their doctor, district nurse or other health professionals when needed. People confirmed this happened, a relative told us, "We have helpful carers they highlight issues with (name) skin and if it is red or anything they are on it straight away. They will let me know and involve the district nurse." Records showed health professionals were consulted where concerns had been identified.

Is the service caring?

Our findings

People we spoke with and surveys received, told us staff were kind, caring and treated them, or their relative, with dignity and respect. One person said, "They know me and they treat me with dignity. All the staff are good, and they are very caring." A relative said, "They treat (name) in a dignified way. There is often a member of the family around and they always make sure they shut the door. They are very thoughtful." Another relative said, "Everyone treats (name) with dignity, she can get upset at times but the carers will help soothe her."

One staff member told us, "I am a caring person, I love my job. I like to look after people and improve the quality of their lives." Another said, "I always treat people as I would my own mum. Just because their old doesn't mean you don't treat people with dignity and respect."

People told us staff maintained their privacy when supporting them with personal care. One person said, "I have two carers in the morning and evening. They come together and work well together. They are very good at washing me and making sure I am covered, they use three towels. They try not to rush me, but we have to watch the time. If there is time left over they will sit and talk to me." A relative said, "The morning girl is fantastic she knows exactly how (name) is and treats her accordingly. She monitors her skin and allows her dignity by turning her back when performing personal care."

Most people we spoke, with or who completed surveys, said their care was provided by staff that they knew and liked. "The main carer knows us all, we share interests. I trust her We have a good rapport." Another said, "Some are very nice I like them and get on with them." A relative said, "The morning carer treats my (relative) like I treat her. They have a laugh and a joke." Staff confirmed they visited the same people regularly and told us continuity was important so they could gain people's trust and develop a good relationship with people. One staff member told us, "I have regular clients, one person I have been visiting for five years; we get on really well. Another I have been visiting for two years, we are like extended family."

People told us the care and support they received helped them to maintain independence and to continue to live at home. Comments from people included, "The staff are very good, they know what I can manage. They let me do what I can only offering to help if I need it. I like to be as independent as I can." A relative said, "The carer is great with (name). They have a walking frame and the carer knows exactly what they can do and when to offer help. This helps to maintain as much independence as possible." Staff told us they had enough time allocated to support people to do things for themselves. For example, one staff member said, "I always have enough time to encourage people to walk to the toilet."

Some people told us communication was sometimes difficult with staff whose first language was not English. Comments from people included, "With some of them [staff] I have to ask them to slow down so I can understand them." Another said, "The carer always says good morning, although her English is not 100% we get on fine. On the whole we understand one another. It can be a problem when I get someone new though." Relatives told us, "They are really good, although communication can be a problem and sometimes we struggle to understand what is being said." Others said, "It can be difficult for (name)

sometimes as the carers don't even understand me." To make sure care staff, whose first language was not English, could carry out their role, the provider completed English and maths tests during recruitment. They told us, all the staff had sufficient knowledge of English to understand what they should do and how to report any concerns. The managers acknowledged where people's hearing or communication skills were impaired, communication with some staff was sometimes more difficult for people.

Although people told us they could communicate effectively with care staff, they told us at times some staff spoke together in their own language during calls. People told us they did not like this. One person said, "We had some [staff] at the beginning who kept talking to each other in their own language. They could have been saying anything." A relative told us, "There are two that come and talk to each other in their language. It means that even if mum could join in she wouldn't be able to. I think it is quite rude." The managers told us although staff had been told not to talk to each other in their own language during calls they were aware this still happened on occasion. To prevent this happening we were told rotas were being revised so that staff who spoke the same language, other than English, would not be scheduled to attend calls together.

Is the service responsive?

Our findings

There was a mixed response from people when we asked if staff arrived on time and whether they were informed if staff were going to be late. Most people told us staff arrived around the time expected. People said, "They are usually on time and would let me know if they are going to be late." And, "I realise they are sometimes delayed from the call before or traffic. I am going nowhere so I am not bothered if they are a little late." Another person said, "Occasionally they can be late and I accept that, as sometimes I need that bit of extra time. If they are going to be very late they will usually let me know."

However other people felt this was an issue and said their calls were sometimes later than expected. One person told us, "I am supposed to have my call at 9am but the timings can be an issue it could be as late as 10.30am. A relative told us, "Time is a huge issue they vary so much. The staff arrive at any time. I have spoken to the manager several times and it improves for a while." Another said "They [staff] can be late and they don't always say if they are going to be late. I have brought it up and it improves for a bit, but then slips back again."

Two people we spoke with said they had experienced a missed call within the past three weeks. They told us this was very unusual, and that staff usually arrived to provide their care. Both people said the manager had apologised and explained the reason for this. The registered manager told us the missed calls had been due to the regular staff being off work at short notice so they had re-allocated the call to another staff member. The staff member had not written the additional call on their rota and had forgotten to make the visit. A relative told us, "I find it very strange that they have this phone system for staff to sign in and out on and yet it doesn't tell them if staff had not arrived." The registered manager was aware of the missed calls and that some people received their calls later than expected. They told us they had identified call monitoring is an area for improvement, as the current monitoring system did not alert the office staff if care staff had not arrived around the time expected. The registered manager told us they had commissioned another monitoring system, with an alert function, that would be in place within three weeks. They were confident this would reduce late calls to people as they would know when staff had not arrived when expected and could take action to make sure people received their calls within the agreed time.

One person's relative told us, "Staff are supposed to ring and let us know if they are going to be late, but they don't always do this." The manager told us, "Care staff are asked to call people if they are running late, or report this to the office, so the person can be called." They explained each person was given a time for their call, care staff should arrive within 30 minutes either side of the agreed time. This arrangement maintained flexibility to allow for unavoidable delays, sometimes due to traffic, or an emergency at the previous call.

Most people told us they had regular staff that knew their preferences and how they wanted their care provided. People told us, "We are very pleased and have the same carer every morning." And, "The carers I have now are brilliant and do what I want them to do. I would recommend to anybody." Another told us, "I have carers that I know well; there is a small group who come regularly. There are always two, if there is a new carer they come with someone who knows me." A relative told us "(Name) has one carer in the morning who is great, she knows [name] really well in fact she has got to know the whole family now. We trust her to

look after (name). The other calls can be a bit hit and miss in terms of regularity. I suppose it's hard to really get to know someone if your time is limited to 15 minutes."

Other people told us, "We don't always get the same carers although some do rotate." And, "We had some issues with different carers in the past but it settled down well and was working well. Then (registered manager) changed them around, it was as if it was working too well. We don't understand why you would do that, change something that works". We spoke with the registered manager about this who told us they allocated a team of staff to visit people so each member of staff got to know a range of people's needs. One person told us, "I like to have the same carers they get to know me and I know them. I think it makes it all a lot easier."

Some people told us they did not know which care staff would be visiting to provide their care. One person told us, "We don't know who is due to come and not all of them wear their ID badge so you can see it."

The managers had identified that continuity of staff was important to people and where possible allocated staff to visit the same people. The manager told us they planned to complete staff profiles with a photograph of the staff member to send to people so they knew the names and faces of staff who were allocated to visit them.

We looked at the call schedules for three people who used the service and the rotas for three care staff who visited them. These people were allocated regular staff at consistent times, where possible. Staff told us visits were 'patched' (arranged in the same area), so they did not have far to travel between calls.

Not everyone we spoke with was aware they had a care plan, although most people knew there was information about them in a folder that staff signed after each visit. People's comments included, "It must be written down alright as they do what I want them to do." A relative told us, "I often look at the care plan. I believe it is a true record of what they do. It has been reassessed over the years. I usually sign it."

During the office visit we looked at three people's care files. These contained care plans with details of what staff needed to do on each visit and included people's preferences. Information in care records was individualised and included people's likes and dislikes, background history and health conditions. Care records had been signed by the person, or their representative, where they were unable to sign records themselves. Care records were regularly reviewed so people's records reflected their current support needs.

Daily records detailing the care and support people received during each call were completed by staff. These daily records were used to handover information to the next member of staff who visited the person. This meant staff had up to date information and could respond to any changes to the person's health or care needs.

We noted in two people's care files recent reviews by social services with changes to the level of service provided. For example following a review and assessment by an occupational therapist one person who used a hoist to mobilise with two staff had the number of staff reduced to one staff. We were told by the person who used the service, that neither the staff member nor the person felt as safe during this procedure as when two staff assisted them. The registered manager had made a referral to social services for another care assessment. In another plan we saw times for some calls had been reduced from 30 minutes to 15 minutes, for example an afternoon call. Staff told us this made it difficult to carry out all the tasks they were previously doing for the person, which included making a sandwich and a drink, and assisting the person to the toilet. The managers were monitoring this and said they would refer people back to social services if they found additional time was needed.

Information about how people could make a complaint was included in each person's service user guide, which they had in their home and received when they started using the service. Everyone we spoke with told us they would feel comfortable to raise any concerns with staff or the managers if they needed to. Although some people were concerned they were not listened to. A relative told us, "I have had to contact [registered manager] quite a lot over the timing issues. It does seem that she may not be listening." Another said, "I would ring the manager if I had any concerns although I am not sure she would listen. It could be her accent, but she doesn't appear very flexible." We spoke with the registered manager about people's comments. The registered manager was upset people felt like this and told us they always, "encouraged complaints so they could put things right." Following our inspection the registered manager sent a copy of a personal action plan that they were putting in place to help resolve this.

There were procedures in place to log and analyse complaints and feedback, to see if there were any common trends or patterns. This supported the provider to learn from the feedback they received, for example late calls. Complaints and concerns were recorded and fully investigated by the registered manager to establish whether improvements to their service needed to be made. Records showed people who raised concerns were contacted in a timely way by the registered manager and efforts were made to resolve things to their satisfaction.

Is the service well-led?

Our findings

The service had a registered manager at the time of our inspection visit. The registered manager was also the provider of the service and was part of the management team which included a deputy manager, an acting team leader and a trainee care co-ordinator/administrator. There was also a training manager to oversee staff training to ensure staff had the skills they needed to support people effectively and safely.

At the last comprehensive inspection in August 2015, the service was rated 'requires improvement', as the provider was not meeting the fundamental standards in two key areas, responsive and well led. At this inspection we found improvements had been made, but further improvement was needed for the service to be consistently responsive to people's needs.

The registered manager understood their responsibilities and the requirements of their registration. For example, they understood what statutory notifications were required to be sent to us and had submitted a provider information return, (PIR) which are required by Regulations. We found the information in the PIR reflected how the service operated.

The management team and staff we spoke with had a clear understanding of their roles and responsibilities and what was expected of them. Staff told us they were given information about the provider's policies during their induction and in the handbook they received when they started working for the service. Staff said the provider's policies supported their practice. For example, all staff knew they could not use a hoist or give medicines unless they had been trained to do this. They also knew about the provider's whistleblowing policy for reporting concerns about other staff practice.

The registered manager told us they promoted an open culture by encouraging staff to raise any issues of concern. They said there were opportunities for staff to do this at any time, by phoning or visiting the office, through regular one to one meetings or through regular team meetings. We saw one to one meetings and team meetings were documented. We reviewed the minutes of a recent meeting held in January 2017. Staff had been reminded to keep their training up to date and included information about the care certificate. Minutes included a discussion about the Social Care Commitment that managers and staff had signed up to. This is a commitment made by people working in social care to promote and provide high quality care. Minutes also showed the provider rewarded staff for good practice and had a 'carer of the month award', where staff received a monetary reward if they won.

As well as the managers operating an 'open door' policy where staff could call into the office at any time, there was also an 'on call' telephone number they could contact 24/7 to speak with a manager if they needed to. This provided staff with leadership advice whenever they needed it. Staff said communication from the office worked well and they were kept up to date about changes in peoples care and changes in policies.

Staff told us they had regular meetings with their manager to make sure they understood their role. Staff had an annual appraisal to review their performance, and discuss any personal development requirements.

Staff told us they enjoyed working for MBI Home Care, they said, [Registered manager] treats me well and I have a good relationship with all my clients."

People and their relatives knew they could contact the office staff if they needed to. Everyone we spoke with knew who the registered manager was. People told us "(Registered manager) is quite approachable although sometimes it can be difficult to understand her as she has quite a thick accent." Another person told us, "[Registered manager] is the main one. She is very nice." A relative said, "If you need to sort anything out I will always speak to (deputy manager) in the office she is excellent."

The managers undertook regular checks of the quality of the service. When people's daily records were returned to the office, they checked the records matched the care plans and that people's medicines administration records (MARs) were completed in full, to confirm people received their medicines as prescribed. In addition 'spot checks' on staff were undertaken to ensure they worked to the provider's policies and procedures to provide safe care to people.

Action was evident where the manager discovered areas for improvement. For example, a new call monitoring system with an alert function had been commissioned following some late and missed calls.

The provider sent surveys to people and staff to find out their views of the service. The surveys sent to people in 2016 had been collated and the provider had an action plan to address issues people had raised. For example, staff not logging in and out of people's homes. A staff survey was sent in January 2017, the responses had not been collated at the time of our visit. We looked at a selection of returned staff surveys, which showed mainly positive comments from staff.

The provider had received a recent monitoring visit from the local authority commissioning officer, in January 2017. This was in response to concerns they had received. We contacted the monitoring officer during our inspection process; they told us the concerns received had been unsubstantiated and they had no on-going concerns about the service.

We found the managers to be open and transparent during our inspection. The office was well organised and all the documentation we requested was made available to us. Following our inspection the registered manager provided the additional information we had requested and had completed an action plan to address the improvements we had identified.