

MBI Homecare Ltd

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Inspection report

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29 April 2021

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

MBI Homecare Limited is a domiciliary care agency. At the time of this inspection the service supported 22 people with personal care. This included adults of all ages who required support due to living with dementia, learning disabilities, autism, physical disabilities, and sensory impairments. Not everyone who used the service received personal care. Other services were provided to people such as help with shopping and cleaning, but these are not regulated activities and therefore we did not look at these.

People's experience of using this service and what we found

People and their relatives felt the care and support provided by MBI Homecare Ltd was safe. Care workers had completed safeguarding training and understood how to provide safe care. Risks to people's health and wellbeing had been identified. Overall, risk management plans had been completed and reviewed monthly to support staff to manage and mitigate risks.

Staff were recruited safely. Enough care workers were available to provide the care and support people needed at the time they expected.

Care workers sought people's consent before providing any assistance. A new assessment tool was being implemented at the time of our visit to ensure people's capacity was assessed and their rights were upheld in line with the law.

Care workers developed and refreshed their knowledge and skills through an initial induction followed by an ongoing training. Their competence to carry out their roles was assessed by the registered manager.

People received their medicines as prescribed from trained staff. Care workers followed good infection control practice in people's homes.

People have access to healthcare services and support when required. People's health was monitored, and advice was obtained if any changes or signs of illness were identified. Care workers knew what people liked to eat and drink and prepared meals in line with people's dietary requirements.

The registered manager demonstrated understanding of their regulatory responsibilities and lessons had been learnt when things had gone wrong. Governance systems had recently been strengthened and managerial oversight had been improved in response to safeguarding investigations to drive forward improvement.

Staff enjoyed their jobs and felt the service was well-led. People and their relatives felt listened to and spoke positively about leadership of the service and the quality of care they received.

Rating at last inspection: The last rating for this service was good (published 24 August 2019).

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

Why we inspected

This inspection was prompted due to concerns received about the provider's failure to follow their own procedure to obtain timely medical treatment when two people had been unwell. A decision was made for us to inspect and examine those risks. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only. We found no evidence during this inspection that people were at risk of harm from this concern and the provider had taken action to mitigate that risk.

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?

Good ●

The service was Safe.
Details are in our Safe findings below.

Is the service effective?

Good ●

The service was Effective.
Details are in our Effective findings below.

Is the service well-led?

Good ●

The service was Well-Led.
Details are in our Well-led findings below.

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 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.

Inspection team

The inspection team consisted of two inspectors. Both inspectors gathered feedback about the service from people, their relatives and care workers via the telephone. One inspector visited the service on 29 April 2021.

Service and service type

MBI Homecare Limited is registered to provide personal care to people living in their own homes. The service had a manager registered with the Care Quality Commission. The registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The provider was also the registered manager, and for the purposes of this report will be referred to as the 'registered manager'.

Notice of our inspection

We gave the registered manager short notice of the inspection because we needed to make sure they would be available to support the inspection. Also, we were mindful of the impact and added pressures of the COVID-19 pandemic on the service.

Inspection activity commenced on 27 April 2021 and ended on 29 April 2021.

What we did before the inspection

We reviewed 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. We reviewed the information we had received from the local authority and we checked the information we held about the service, such as notifications. A notification is information about important events which the provider is

required to send us. We used all this information to plan the inspection.

During the inspection

We spoke with two people who used the service and five people's relatives about their experiences of the service. We spoke with the registered manager, the deputy manager and four care workers. We reviewed a range of records, including four people's care and medication records to see how their care and support was planned and delivered. We looked at records related to how the service operated and was managed. We also reviewed three staff files to check staff had been recruited safely.

After the inspection

We reviewed additional documentation sent to us by the deputy manager to validate the evidence found during our site visit.

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 the same. People were safe and protected from avoidable harm.

Learning lessons when things go wrong; Systems and processes to safeguard people from the risk of abuse

- Lessons had been learnt when things had gone wrong. Two local authority safeguarding investigations in the nine months prior to our inspection had been substantiated. The provider acknowledged their failures and recognised the safety of the service needed to be improved. Following the second investigation in January 2021 the provider had taken action to prevent re-occurrence. For example, processes to ensure care workers followed the providers policies had been improved.
- Care workers had completed safeguarding training and confidently described what actions they needed to take to protect people. This included what to do if a person they were caring for was unwell. This further demonstrated lessons had been learnt.
- The registered manager understood their legal responsibilities to keep people safe.

Assessing risk, safety monitoring and management

- People felt safe with their care workers. One person said, "I always feel safe in their hands." Relatives supported this viewpoint. One commented, "We as a family have never had any worries about mom's safety with the carers. We fully trust them."
- Risks to people's health and wellbeing had been identified. Overall, risk management plans had been completed and reviewed monthly to support staff to manage risks. However, one identified risk was not accompanied by a risk management plan. Immediate action was taken by the registered manager to address this shortfall.
- Discussions with care workers confirmed they understood the risks associated with people's care and knew how to provide safe care. One said, "We apply cream to (Person's) skin at every call to prevent it becoming sore. We check the skin and report any changes to the office and district nurse." The persons relative confirmed this did happen.

Staffing and recruitment

- Feedback confirmed enough care workers were available to provide safe care and support. One person said, "Always on time, always tun up, it's the same ones, no problems." A relative added, "The call timings are good, if I ask them to come early, they come."
- An electronic call monitoring system monitored the arrival and departure times of care workers at people's homes. Records confirmed people had received their care calls at the correct time and for the correct duration in the three weeks prior to our visit.
- Staff were recruited safely. Checks to ensure care workers were suitable to work with people who used the service had taken place. One care worker said, "I had an interview, then I had to wait for my references to be checked and my DBS before I could start working." The Disclosure and Barring Service (DBS) helps employers to make safer recruitment decisions by providing information about a person's criminal record.

Using medicines safely

- People confirmed they received their medicines as prescribed from trained staff.
- Medicine administration audits took place weekly by the management team. If errors were identified investigations took place and care workers received further training to ensure they were competent to administer medicines safely in line with best practice guidance.

Preventing and controlling infection

- People and relatives confirmed care workers followed good infection control practice in their homes.
- Care workers received infection prevention control and COVID-19 awareness training. They understood the importance of wearing personal protective equipment such as disposal gloves and face masks to reduce cross contamination risks to keep people and themselves safe when providing care.

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 this key question has remained the same. This meant people's outcomes were consistently good, and feedback confirmed this.

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

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.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

- Information received prior our inspection indicated the outcomes of completed mental capacity assessments were not always documented in line with current guidance to uphold people's rights. During our visit the registered manager demonstrated an understanding of their responsibilities under the Act and they explained how they were driving forward improvement in this area. For example, a new and improved assessment tool was being implemented.
- People confirmed care workers sought their consent before providing any assistance and a relative told us, "They help mom choose her clothes for the day. They show her different things and see what she wants to wear."
- Care workers had completed MCA training to help them understand the principles of the Act and provided examples, including how they encouraged people who had declined support to take their medicines by consulting with the person's representative to discuss what to do if the person continued to refuse the care they needed.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Assessments were completed by the registered manager before people started using the service to ensure their needs and expectations could be met. People and their relatives confirmed they had been involved in the assessment process.
- Protected characteristics under the Equality Act 2010 were considered. Two relatives explained their loved ones spoke Punjabi and Punjabi speaking care workers provided their care which had a positive impact on their wellbeing.

Staff support: induction, training, skills and experience

- Care workers developed and refreshed their knowledge and skills through an initial induction, which

included the Care Certificate followed by a programme of on-going training. The Care Certificate is a nationally recognised induction standard.

- A relative spoke positively about the induction process. They said, "If there is a new carer joining the team, they are introduced to us. This is very good; you don't get strangers visiting and we know Mom will be safe in their care because they learn all about her before they start and she (mom) gets to meet them."
- Care workers completed training to meet people's specific needs including urinary catheter care training. A staff member said, "The training gave me confidence to do my job well. I learnt how to empty the (catheter) leg bag and recognise potential signs of infection such as cloudy urine."
- Care workers received the training and support they needed for their role through regular one to one and team meetings. Their competence was also assessed through unannounced observations of their work by the registered manager.

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

- Communication and information sharing had improved since January 2021. Records provided a clear overview of the actions taken to seek emergency healthcare when required. A relative explained care staff had recently called an ambulance when their relative was unwell. They added, "They pick up if (Person's) not well. They are really good with things like that." Another said, "If mom needs the doctor then I make the appointment, but the carer tells me if she (mom) seems peaky. They are very good at things like that up."
- The management team and care workers provided examples of how they worked in partnership with health and social care professionals such as, district nurses to ensure people received the care they needed to remain healthy and well.
- Care workers monitored people's health and understood their responsibility to obtain further advice or support if they noticed any changes or signs of illness.

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

- People were satisfied with the support they received. One person said, "Carers make me nice sandwiches and coffees using my coffee machine."
- Discussion with care workers confirmed they knew what people liked to eat and drink and were aware of people's dietary requirements. One staff member said, "(Person) is at risk of choking so they need a soft diet. We make sure their food has no lumps." Their relative confirmed a soft diet was always provided.

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 our previous inspection this key question was rated as good. At this inspection the rating has remained the same. This meant the service was consistently managed and well-led.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Leaders and the culture they created promoted high-quality, person-centred care.

- The registered manager was supported by a deputy manager and a team of care workers. Whilst the registered manager demonstrated understanding of their regulatory responsibilities, we had needed to prompt them to submit a statutory notification to us as required prior to our inspection.
- The registered manager felt people received personalised high-quality care. They commented, "People get very good care. I am proud of that."
- Care workers understood what the registered manager expected of them and they demonstrated a shared commitment to providing good care. An employee handbook had been provided to all staff which outlined the organisations standards and shared some key policies. Work practices were observed to ensure care workers were competent to carry out their roles.
- The registered manager kept their knowledge and skills up to date by using resources provided by an independent charity and the strategic body for workforce development in social care in England.
- The latest CQC inspection rating was available on the provider's website. The display of the rating is a legal requirement, to inform people, those seeking information about the service and visitors of our judgments.

Continuous learning and improving care; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Working in partnership with others

- The management team had strengthened their governance systems and had improved their managerial oversight in response to safeguarding investigation outcomes. For example, improved record keeping provided a clear overview of the actions taken when people had required emergency healthcare. This demonstrated lessons had been learnt and the service was willing to continuously improve to benefit people. One staff member said, "We have made unintentional mistakes. We have learnt our lessons. We are encouraged to learn."
- The management team looked for ways to make improvements. For example, medicine audits had increased from monthly to weekly to quickly identify any errors to drive forward improvement.
- The registered manager welcomed our inspection and was open and honest about the challenges they had faced which included the future direction of the service.
- The staff team worked in partnership with other organisations to improve outcomes for people.

Engaging and involving people using the service, the public and staff, fully considering their equality Characteristics

- Everyone we spoke with praised the quality of care they received and spoke positively about the

leadership of the service. Comments included, "We have had no problems with the service, it is the best," and, "The manager is very good and is very amenable to our requests. Never had any problems."

- Feedback from people and their relatives was welcomed and listened to. Analysis of the feedback, in April 2021, showed people were happy with their care. The service had received six compliments during February and March 2021 which further demonstrated people were happy with their care.
- Relatives felt listened to. One said, "A couple of years ago there was one (care worker) and I didn't like the way they were working, and I rang (registered manager). It was dealt with straight away and we never saw that carer again. In fact, I think they stopped working for MBI. Since then everything has worked perfectly."
- Staff enjoyed their jobs and felt the service was well-led. One said, "I have worked for her (registered manager) for six years. She is very friendly and helpful. She answers the phone and talk things through with me to resolve issues. It's a nice place to work."
- Care workers told us they were able to express their views and suggestions to the management team and to seek advice from them.