

Key inspection report

Domiciliary care agencies

Name:	MBI Homecare Ltd
Address:	Unit 10, Steeple House Percy Street Coventry W Midlands CV1 3BY

The quality rating for this domiciliary care agency is: two star good service

A quality rating is our assessment of how well an agency is meeting the needs of the people who use it. We give a quality rating following a full review of the service. We call this full review a 'key' inspection.

Lead inspector:	Date:
Brenda Smart	2 8 0 1 2 0 1 0

This is a review of quality of outcomes that people experience in this agency. We believe high quality care should

- Be safe
- Have the right outcomes, including clinical outcomes
- Be a good experience for the people that use it
- Help prevent illness, and promote healthy, independent living
- Be available to those who need it when they need it.

The first part of the review gives the overall quality rating for the agency:

- 3 stars - excellent
- 2 stars - good
- 1 star - adequate
- 0 star - poor

There is also a bar chart that gives a quick way of seeing the quality of care that the home provides under key areas that matter to people.

There is a summary of what we think this service does well, what they have improved on and, where it applies, what they need to do better. We use the national minimum standards to describe the outcomes that people should experience. National minimum standards are written by the Department of Health for each type of care service.

After the summary there is more detail about our findings. The following table explains what you will see under each outcome area.

Outcome area (for example User focussed services)

These are the outcomes that people using domiciliary care agencies should experience. They reflect the things that people have said are important to them:

This box tells you the outcomes that we will always inspect against when we do a key inspection.

This box tells you any additional outcomes that we may inspect against when we do a key inspection.

This is what people using this domiciliary care agency experience:

Judgement:

This box tells you our opinion of what we have looked at in this outcome area. We will say whether it is excellent, good, adequate or poor.

Evidence:

This box describes the information we used to come to our judgement.

We review the quality of the service against outcomes from the National Minimum Standards (NMS). Those standards are written by the Department of Health for each type of care service.

Copies of the National Minimum Standards – Domiciliary Care Agencies can be found at www.dh.gov.uk or bought from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering from the Stationery Office is also available: www.tso.co.uk/bookshop

The mission of the Care Quality Commission is to make care better for people by:

- Regulating health and adult social care services to ensure quality and safety standards, drive improvement and stamp out bad practice
- Protecting the rights of people who use services, particularly the most vulnerable and those detained under the Mental Health Act 1983
- Providing accessible, trustworthy information on the quality of care and services so people can make better decisions about their care and so that commissioners and providers of services can improve services.
- Providing independent public accountability on how commissioners and providers of services are improving the quality of care and providing value for money.

Reader Information

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Information about the agency

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Provider web address:	

Name of registered provider(s):	MBI Homecare Ltd								
Name of registered manager (if applicable)									
Mrs Mimi Borisova Ivanova									
Conditions of registration:									
Date of last inspection									
Brief description of the agency									
<p>The agency was registered in September 2009 and is owned and managed by Mimi Ivanova. The office is situated in a purpose built office block, near the city centre of Coventry. Parking is available at the front of the building. The office is situated on the first floor, there is no lift in the building, but if needed, a ground floor room can be made available for people visiting the office who cannot manage the stairs.</p> <p>At the time of this inspection the agency provided care and support to 4 clients and employed 4 care workers.</p>									

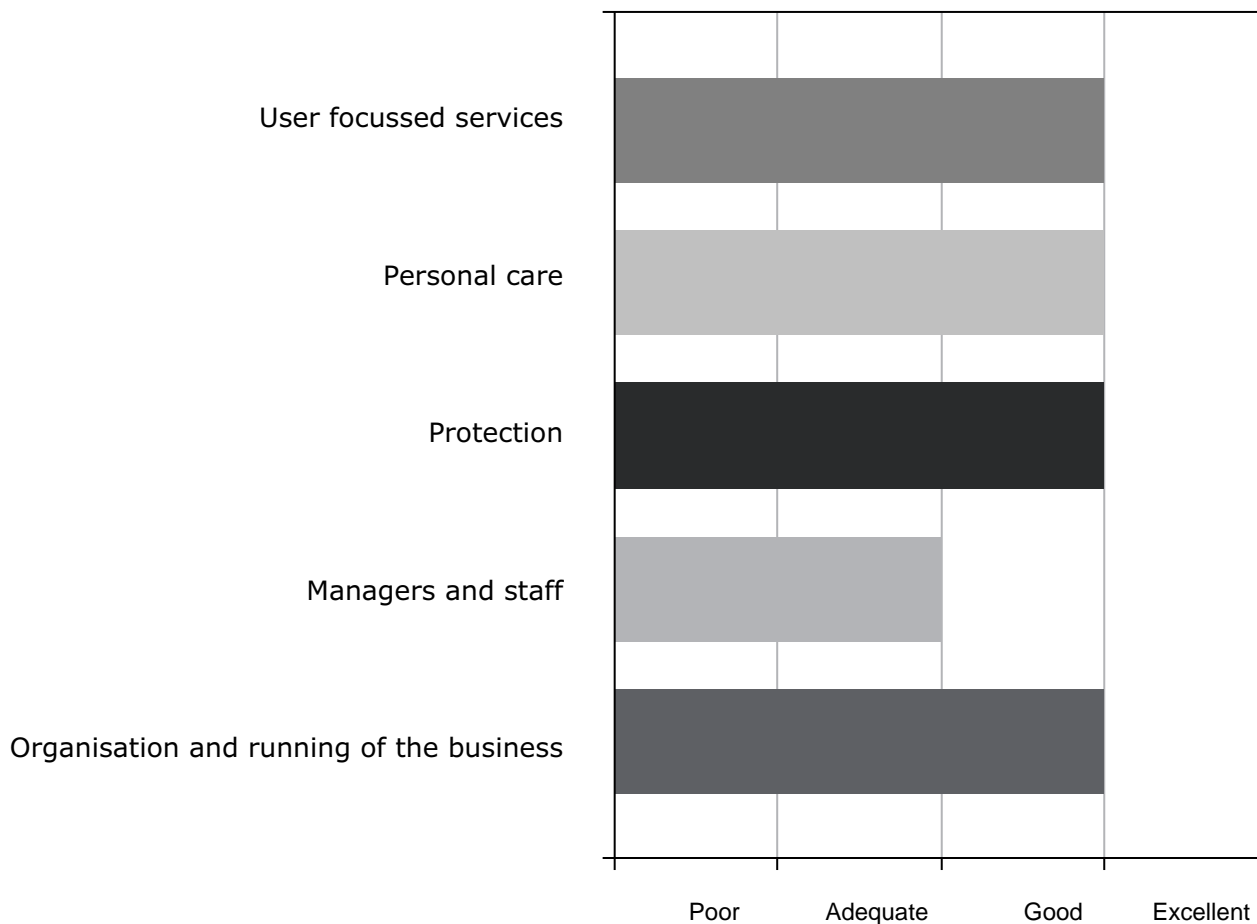
Summary

This is an overview of what we found during the inspection.

The quality rating for this agency is:

two star good service

Our judgement for each outcome:



How we did our inspection:

The focus of inspections undertaken by the Care Quality Commission is upon outcomes for people who use the agency and their views of the service provided. This process considers the capacity of the agency to meet regulatory requirements, minimum standards of practice, and focuses on aspects of service provision that need further development.

Prior to the inspection the provider sent us their Annual Quality Assurance Assessment (AQAA). All providers must send us an AQAA every year. The AQAA contains facts about the service and what they do to ensure quality outcomes for service users.

This key inspection was announced at short notice, and took place over three days. This included, a phone call to the agency to make sure there was someone in the office when we visited. A visit to the agency on 25th January 2010, to discuss the inspection process and to look at service user information in office files, and, a visit to a client

who uses MBI Homecare on the 26th January, to find out their experiences of using the service. This process is known as case tracking, and involves investigating an individual's experience of the care they get from the agency by asking them about their experiences, talking to the staff who work with them, looking at their care records and focusing on outcomes. A further visit was made to the office on 28th January, to look at recruitment processes, staff training records, quality monitoring procedures, and to talk to care staff.

The inspection process involved, Discussions with the manager. Viewing clients care needs assessments and care plans, risk assessments, daily records and medication records. A visit to a client. Discussions with care workers who worked with the clients. Examining information provided in the Annual Quality Assurance Assessment.

Prior to this inspection we did send surveys to the agency, for the manager to distribute to clients. This was to find out their views of the service, but at that time the agency was not providing a service to anyone. The manager has informed us, that she has recently circulated these surveys to clients, however, at the time of writing this report no surveys had been returned to us. If we receive any surveys that cause concern, we will contact the manager.

The agency was registered in September 2009, and began operating in December 2009, at the time of this inspection the agency provided a service to 4 clients, only 2 of which received support with personal care routines, and they employed 4 care staff.

What the agency does well:

This was the first inspection visit to MBI Homecare, at present the agency is small and provides support to 4 people. The manager knows all the clients and staff well, and successfully matches carers skills to clients needs.

A thorough assessment of peoples needs is carried out before clients are offered a service, this makes sure their support needs can be met by the agency. The information gathered from the assessment is then used to create a detailed plan of support, that includes how any identified risks are to be managed. Plans are easy to follow and provide very good information about what staff need to do.

There is a positive approach to risk management. All clients have a comprehensive assessment of risk completed, including moving and handling, and where possible, clients are supported to maintain their independence by doing things for themselves.

The service is reliable, consistent and flexible to peoples needs. The carers we talked to demonstrated a good knowledge of people's needs, and understood individuals care plans.

The agency is organised and well managed. There are good quality monitoring systems in place, clients are asked about their satisfaction with the service, and carers have their practice observed to make sure they complete the tasks recorded in the care plan, and work in line with policies and procedures.

What has improved since the last inspection?

This is the first inspection of the agency.

What they could do better:

At the time of this inspection visit, the agency had only been operating for 6 weeks, and several procedures had not been fully implemented. The findings of this inspection is that the agency is providing good outcomes for people who use the service. However, there are a few things the agency should do to improve the service and to make sure clients remain safe and well. Two requirements were made following this inspection, and we made four good practice recommendations that the agency should address.

The shortfalls of the agency were around staff training, staff had not received the training we require, before they work with clients. Staff must complete mandatory training, including moving and handling, before assisting clients. This is to make sure both clients and staff remain safe and are not placed at risk. Staff should also complete awareness training in prevention of pressure area management, and information about pressure area care, should be made available to staff to ensure they are able to prevent, identify and respond, to pressure sores, and when to refer this to the district nurse.

Although the agency makes sure it carries out the correct checks on people during the recruitment procedure, copies of all work permits and visas should be retained on individual staff files, to evidence they have the correct documentation, and authority to

seek employment.

When two staff are needed to carry out the care to clients, both staff members should sign the record in the home to show that two staff were present at the call.

If you want to know what action the person responsible for this agency is taking following this report, you can contact them using the details on page 4.

The report of this inspection is available from our website www.cqc.org.uk. You can get printed copies from enquiries@cqc.org.uk or by telephoning our order line 0870 240 7535.

Details of our findings

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User focussed services

These are the outcomes that people using domiciliary care agencies should experience. They reflect the things that people have said are important to them:

People are confident that the agency can support them. This is because there is an accurate needs assessment, which they, or someone close to them, have been involved in. This tells the agency all about them and the support they need and is carried out before they are offered a personal domiciliary care service.

People and their relatives can decide whether the agency can meet their support needs. This is because they, or someone close to them, have got full, clear, accurate and up to date information about the agency. People know that the agency can meet their needs because staff have the skills and experience to give them the care they need. If they decide to use the agency they know about their rights and responsibilities because there is an easy to understand contract or statement of terms and conditions between them and the agency that includes how much they will pay and what the agency provides for their money. People are confident that the agency handles information about them appropriately. This is because the agency follows their policies and procedures. They get a consistent, and flexible care service from reliable and dependable staff members.

This is what people using this domiciliary care agency experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The agency provides a consistent and flexible service, that is centred on the needs, wishes and views of people who use the service.

Evidence:

The information folder given to new clients includes a Service User Guide, this provides good information about the services the agency offer, and what to do if clients are unhappy with anything. Clients sign to confirm they have received a copy of the Guide, and the files we looked at contained a copy of the signed document.

The agency was registered by the Commission, to provide a domiciliary care service, in September 2009, and the first client was accepted on 4th December. At the time of this visit to the agency they were offering care and support to four people, three

Evidence:

private clients and one person funded by social services. Only two of these people were receiving a personal care service.

MBI Homecare has a clear assessment process and people who use the service are always asked about what they need. This is fully explored with them, so where possible, the service will meet the persons needs, preferences and lifestyle.

The care files for the two clients receiving a personal care service were selected for viewing and case tracking. Both contained an assessment of need and a care plan completed by MBI Homecare. There was also an assessment and care plan completed by the social worker for the client who is funded by social services, this was completed and sent to the agency before the first visit to the client. The assessment of need devised by the agency is detailed, and includes a process for identifying and recording any risks to the persons health and well being, and identifies how these can be managed or minimised. Equality and diversity in relation to personal preferences and choices, is promoted within the service. The findings from the assessment is used to compile an individual plan of support that takes into consideration any cultural, religious or disability needs of service users.

During this visit to the agency, the carers we spoke to said, any changes in the way care is provided to clients, would be reported back to the manager for a re-assessment. As the manager also provides some of the personal care calls, changes, or new risks, are being quickly identified and acted on. For example, one carer told us, a client who is recovering from a stroke is regaining her independence and the care plan is being revised to support her to do more things for herself.

Only one of the people receiving a personal care service was available to visit. This persons relative told us they have regular carers, who they are beginning to build up good relationships with. As this client requires two carers and receives four calls a day, a small team of care workers has been introduced to the client, this should ensure continuity of care if carers are on leave or sick.

Carers said information provided, before undertaking a new call, is detailed and thorough. A verbal handover is given to the care worker and, they were confident a detailed care plan and risk assessments would be in the home.

The person we visited was unable to speak, but his wife was able to tell us what time their service is usually delivered. This corresponded with the times recorded on the care plan, and the records in the home completed by carers. Carers are signing in and out of the home, which showed the service is reliable and consistent. Records show

Evidence:

that times of calls are made at the specified time, and there is no evidence of missed calls.

Information in support plans shows the agency provides a flexible service based on the clients needs, for example, they arrange to take one client shopping, or to medical appointments when requested.

Personal care

These are the outcomes that people using domiciliary care agencies should experience. They reflect the things that people have said are important to them:

Each person is treated as an individual and the agency is responsive to his or her race, culture, religion, age, disability, gender and sexual orientation. Their right to privacy is respected and the support they get from workers is given in a way that maintains their dignity. If people take medicine, they manage it themselves if they can. If people cannot manage their medicine, the agency supports them with it in a safe way.

People's needs and goals are met. The agency has a plan of care that the person, or someone close to them, has been involved in making. They are able to make decisions about their life, with support if they need it, as the staff promote their rights, choices and independence.

This is what people using this domiciliary care agency experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The personal care people receive is based on their individual needs, and promotes people's health and well-being.

Evidence:

We looked at the files for the two people who receive personal care, this showed there is a consistent care planning procedure that is based on the outcomes of the initial assessment. Plans were very detailed and provided good information about the support required and how the client prefers tasks to be carried out. Plans demonstrate that where possible clients are supported to do things for themselves and to maintain independence. The person we visited needed assistance from two carers to carry out moving and handling procedures. Carers used a hoist for all transfers. The client was unable to answer our questions, but his wife told us, she was sure her husband felt safe during hoisting, and other moving and handling procedures, and said that staff carried out the procedures safely and competently. She told us, " I am sure he feels safe the way the carers handle him, they are very good with him". This client has a hospital bed, pressure care mattress and pressure relieving cushion for his chair. The manager of the agency was instrumental in arranging this specialist equipment following the initial visit to the client. This has made the procedure for moving the

Evidence:

person safer, and has also improved the pressure area management for the client. The agency do not administer this persons medication, but do apply cream to help prevent pressure sores. This is recorded in the clients care plan and staff complete a medication record, and also record on the running records when the cream is applied.

Moving and handling assessments had been completed for both clients whose care we looked at. Assessments included the equipment to be used, the number of staff required, and the procedure to carry this out safely, however, staff have not completed moving and handling training, and this is discussed in the staffing section of this report. Where two staff are required to assist with transfers, work schedules and running records show that two staff are always allocated. It is recommended that when two staff are required, both staff should sign the record in the home to show that two carers were present during the visit.

Care plans for clients who are unable to move unaided, contained a pressure area management regime. Body charts are included in the care plan documents kept in the home files, this is for carers to chart any marks, changes in skin colour, or bruises. The manager said she is trying to arrange pressure area training for staff. It is recommended that until this training has been organised, information about pressure area care should be made available to staff to ensure they are able to prevent, identify and respond, to pressure sores, and when to refer this to the district nurse.

We were told by the person we visited, that staff do things in a way the client prefers, and that staff take their time and do not rush. Staff sign in and out the home, times recorded on records were all around the arranged time. We were told, staff are friendly and polite, and that carers are, " lovely people".

The agency has a policy and procedure for the safe administration of medication. At the time of this visit, records show that two care staff had completed medication training, but at present only the manager, who is a trained nurse assists with medication. The manager told us that all staff will be completing distance learning training before assisting with medication, and we were shown the procedure thats been devised, for assessing staff competency before assisting with medication, and for auditing medication records. These are ready to be implemented, once staff have completed the training.

Protection

These are the outcomes that people using domiciliary care agencies should experience. They reflect the things that people have said are important to them:

People using the agency are safeguarded. This is because the agency follows health and safety procedures, keeps records appropriately and ensures their staff follow policies and understand the importance of assessing risks. The agency safeguards people from abuse, neglect and self harm and takes action to follow up any allegations.

People are confident that their property and money will always be safe as the agency follows the right procedures. Their health and rights are safeguarded as the staff keep an accurate record in their home of all the support they give them.

This is what people using this domiciliary care agency experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People who use the agency are safe, and can feel confident that their health and welfare needs are promoted. Lack of staff training could place clients and care staff at risk.

Evidence:

Documentation held by the agency evidenced a range of health and safety policies and procedures necessary to comply with the requirements of health and safety legislation. These policies and procedures formed part of the induction programme for new care workers and are included in the carers handbook provided to all new staff.

Examination of documentation evidenced, a full individual risk assessment is carried out for each person, this included an assessment of each persons home. Individual risk assessments are in place for any identified risks including moving and handling, use of mobility aids, pressure area care, and in relation to peoples personal lifestyles. The agency have only been operating for over one month, but where needed risk assessments have been reviewed and updated, for example the moving and handling assessment for a client recently discharged from hospital, had to be re-assessed after the agency started providing a service, as the equipment in the home did not safely meet his current manual handling needs.

Evidence:

Records show that staff have not completed the required training to work with clients safely, especially moving and handling training. All staff must complete training in moving and handling before assisting clients with this. Training should include use of equipment including hoists, where used. This must be addressed by the manager, and is discussed in the staffing section of this report.

Staff recruitment systems are safe and meet the requirements of the Care Standards Act. Criminal Record Bureau checks are carried out on all members of staff before they commence employment with the agency.

All staff have completed safeguarding training, and staff we spoke to said they would refer any concerns to the manager, and also, knew the procedure for referring allegations to social services for investigation. Staff knew about whistle blowing and said they would have no hesitation reporting poor practice.

The agency support several clients who are unable to open the door to their home, and have key codes fitted so carers can let themselves in. The procedure for issuing key codes is safe and maintains clients safety. People spoken to said staff carry out routine safety checks before they leave the house and said they felt safe.

Managers and staff

These are the outcomes that people using domiciliary care agencies should experience. They reflect the things that people have said are important to them:

People have confidence in the staff at the agency because checks have been done to make sure that they are fit to do the job. Their needs are met and they are supported as the staff get relevant training, support and supervision from their managers.

People have safe and appropriate support because the staff providing their care are qualified and competent. They are confident that the staff that provide their support are clear about their roles and responsibilities.

This is what people using this domiciliary care agency experience:

Judgement:

People using this service experience **adequate** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The recruitment of staff is safe which protects people who use the service. Lack of staff training could place staff and clients at risk.

Evidence:

The agency has only been operating since December 2009, and at the time of this inspection employed four care staff. Evidence was available to demonstrate that the agency follows routine recruitment procedures to ensure the safety of people using the service. An examination of three staff personal files confirmed that the appropriate checks and references are completed before appointment, including criminal record checks and POVA first checks, proof of identity is confirmed and two written references obtained. Copies of passports and work permits are retained on files. The entry visa for one staff member who has student status, and can work part time, expires on 31.1.2010. Another carer who is in the process of applying to the Home Office to extend his stay has copies of the recent letters sent to the home office, but a copy of the original document, to confirm eligibility to seek work was not available.

All four staff have been recruited since beginning of December 2009 and are still completing their induction process. The induction process includes understanding of policies and procedures and carers we talked to had been given a staff hand book, which contained key policies. Training records for all four staff showed that the training we require staff to complete, before working with clients, had not been

Evidence:

completed. Carers were assisting with moving and handling routines and had not had training with the company. Two carers had completed moving and handling with other care services before moving to MBI, but certificates showed the training was out of date and needed up dating. Staff had not completed food hygiene training and were helping clients with food preparation. However, all staff had completed safeguarding training. The manager demonstrated that training was in the process of being sourced, this included mandatory training in health and safety areas, including medication, as well as more specialist training in dementia care. It is recommended that carers also complete pressure area management training, so they understand how to identify, and prevent pressure sores.

The manager is in the process of implementing a structured supervision programme. This includes regular work based practice supervisions, one to one meetings and an annual appraisal. The three staff files we looked at evidenced that this process had started to be implemented. Carers we talked to said communication within the agency works well, and carers said the manager is supportive and approachable.

Organisation and running of the business

These are the outcomes that people using domiciliary care agencies should experience. They reflect the things that people have said are important to them:

People get consistent and planned support from the agency because the manager runs it appropriately with an open approach that makes them feel valued and respected.

People using the agency are safeguarded because it follows financial and accounting procedures, keeps record appropriately and ensures that their staff follow policies. If people have concerns about the agency they, or people close to them, know how to complain. Their concern is looked into and action taken to put things right.

This is what people using this domiciliary care agency experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People who use MBI Homecare, receive a, consistent, well managed service that makes sure it works in the best interests of clients.

Evidence:

The agency is situated in a purpose built office block, near the city centre of Coventry. Parking is available at the front of the building. The office is situated on the first floor, there is no lift in the building, but if needed a ground floor room can be made available for people visiting the office who cannot manage the stairs. There is adequate and safe, lockable, storage for records, and sufficient space and equipment such as telephones and computers to enable the Manager and staff to conduct their duties efficiently.

An Annual Quality Assessment Audit was completed and returned by the manager prior to the start of this inspection. This assessment requests information related to the quality of the service provided by the agency. The information contained in the assessment considers the capacity of the agency to meet regulatory requirements, minimum standards of practice and focuses on aspects of the service that need further development.

Carers we talked to said there are clear lines of accountability, with carers reporting directly to the manager. Staff said that they were confident and comfortable to

Evidence:

approach the manager at any time.

The agency has only been operating since December 2009, and at the time of this inspection provided a service to 4 clients and employed 4 care staff. Staff rota's and timesheets confirm that the service is reliable and consistent, and information provided by clients and staff indicate that there is adequate staffing to meet the needs of the service. Comments we received included,

"Things are going well, I cant think of anything they can do to improve the service, its great".

" I am allocated enough time to do what I need to without rushing".

" It provides good written information about care needs and risk assessments".

This was the first inspection of the service and the findings of this visit is the agency provides good outcomes for people who use the service. The identified shortfalls in the training programme for staff has resulted in requirements being made in this report. Staff must have completed the necessary training to work with people safely, and must not assist people with moving and handling routines unless, they have received the required training to do this safely. The manager has provided additional information following our visit to show that training has been arranged for areas identified in this report.

The agency has policies and procedures in relation to complaints. People we spoke to, had received complaints information in the care folder, and said they would speak to the manager if they are unhappy with anything.

The manager is qualified and experienced in providing social care, and the agency is organised and well managed. The manager has started to implement quality monitoring procedures to make sure the agency is providing a good service. This includes regular monitoring of clients records, meetings with clients to discuss care plans and satisfaction with the service, questionnaires about the service received, and spot checks on staff to make sure they are working in line with policies and procedures.

Are there any outstanding requirements from the last inspection?

Yes

No

Outstanding statutory requirements

These are requirements that were set at the previous inspection, but have still not been met. They say what the registered person had to do to meet the Care Standards Act 2000, Domiciliary Care Agencies Regulations 2002 and the National Minimum Standards.

No.	Standard	Regulation	Requirement	Timescale for action

Requirements and recommendations from this inspection:

Immediate requirements:

These are immediate requirements that were set on the day we visited this domiciliary care agency. The registered person had to meet these within 48 hours.

No.	Standard	Regulation	Requirement	Timescale for action

Statutory requirements

These requirements set out what the registered person must do to meet the Care Standards Act 2000, Domiciliary Care Agencies Regulations 2002 and the National Minimum Standards. The registered person(s) must do this within the timescales we have set.

No.	Standard	Regulation	Requirement	Timescale for action
1	12	14	Staff must complete moving and handling training before assisting with this. This is to ensure clients and staff remain safe.	26/02/2010
2	19	15	Staff must complete the training required to work with clients safely. This is to make sure both clients and staff remain safe and are not placed at risk.	26/02/2010

Recommendations

These recommendations are taken from the best practice described in the National Minimum Standards and the registered person(s) should consider them as a way of improving their service.

No	Refer to Standard	Good Practice Recommendations
1	7	Information about pressure area care should be made available to staff to ensure they are able to prevent, identify and respond, to pressure sores, and when to refer this to the district nurse.
2	8	When two staff are required to carry out the care plan, both staff should sign the record in the home to show that two carers were present during the visit.

Recommendations

These recommendations are taken from the best practice described in the National Minimum Standards and the registered person(s) should consider them as a way of improving their service.

No	Refer to Standard	Good Practice Recommendations
3	17	Copies of work permits and visas should be retained on individual staff files.
4	19	Carers should complete training in the management of pressure areas to make sure they are competent to prevent, identify and respond to the development of pressure sores.

Helpline:

Telephone: 03000 616161

Email: enquiries@cqc.org.uk

Web: www.cqc.org.uk

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