

Mumbys, Homecare Support Ltd

# Mumby's Homecare Support Limited

## 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?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

The inspection took place on 25 May 2016 and was announced.

Mumby's Homecare Support Limited provides care and support to people in their own homes. The service provided personal care to 56 people at the time of our inspection. The service is owned and operated by Ann Mumby who is also the registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People felt safe when care was provided because their care workers understood their needs and any risks involved in their care. Relatives were confident their family members were safe when receiving their care. People told us that they could rely on their care workers. They said if care workers were running late they would be informed. People we spoke with had not had any missed visits. The registered manager had developed plans to prioritise the delivery of people's care in the event of an emergency.

Care workers received training in safeguarding and recognising the signs of abuse. The service carried out risk assessments to ensure that people receiving care, and the care workers supporting them, were kept safe. Where an incident or accident had occurred, there was a record of how the event had occurred and what action could be taken to prevent a recurrence. People were protected by the service's recruitment procedures. The service had carried out pre-employment checks to ensure suitable care workers were employed to support people who use the service.

People received their care from regular care workers who knew their needs well. New care workers were always introduced to people before they began to provide their care. The provider understood the importance of people having regular care workers and ensured people received a consistent service from familiar staff whenever possible.

Care workers had access to training and the support they needed to fulfil their roles. All care workers attended an induction when they joined the service. This included shadowing experienced colleagues until the registered manager was confident in their ability to provide people's care safely and effectively.

Relatives told us the provider contacted them if they had any concerns about people's health or welfare.

People's nutritional needs were considered during their initial assessment and any dietary needs recorded in their care plans.

People were supported by kind and caring staff. People told us their care workers were polite, courteous and treated them and their property with respect. Relatives told us that care workers were professional and kind to their family members' needs.

The service assessed people's needs before they began to use the service to ensure the required care could be provided. An individual care plan was drawn up from the assessment. People and their relatives were encouraged to be involved in the development of care plans and the provider reviewed care plans regularly to ensure they continued to reflect people's needs and preferences.

People had opportunities to give their views about the service and these were listened to. They told us the provider contacted them regularly to ask for their feedback and took action to address any issues they raised. People had signed that they had received information about the service including the guide including the complaints procedure.

People told us the service was well managed. They said they had always been able to contact the office when they needed to and that the service communicated well with them. The management team worked together to ensure that the service operated effectively, including planning the staff rotas and carrying out quality checks.

The service had an effective quality monitoring system in place that included regular spot checks on care workers providing people's care. A member of the management team visited people's homes to check their care workers arrived on time, provided people's care safely and in line with their care plan, promoted their independence and treated them with dignity and respect.

The records we checked in the service's office relating to people's care were accurate, up to date and stored appropriately. Care workers maintained daily records for each person, which provided information about the care they received, their food and fluid intake and the medicines they were given. Care records were regularly monitored by the management team to ensure that the quality of recording was appropriate.

## 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. Care workers were reliable.

Risk assessments had been carried out to ensure that people receiving care were kept safe.

There were plans in place to ensure that people's care would not be interrupted in the event of an emergency.

Care workers had attended training in safeguarding and understood their responsibilities should they suspect abuse was taking place.

People were protected by the provider's recruitment procedures.

### Is the service effective?

Good 

The service was effective.

People received their care from regular workers who understood their needs.

Care workers had an effective induction, and access to training and support they needed. Staff understood the MCA and further training was being arranged.

The service worked co-operatively with people's families to ensure people received the treatment they needed.

### Is the service caring?

Good 

The service was caring.

Care workers were kind and caring and had developed positive relationships with the people they supported.

Care workers understood people's needs and how they liked things to be done.

Care workers respected people's choices and provided their care in a way that maintained their dignity.

## Is the service responsive?

Good 

The service was responsive to people's needs.

The provider assessed people's needs before they began to use the service to ensure the care needed could be offered.

Care plans provided detailed guidance for care workers about people's needs and the way they preferred things to be done. These were reviewed regularly.

Any changes in people's needs were communicated to their care workers.

## Is the service well-led?

Good 

The service was well-led. The management team worked together to ensure that the service operated effectively.

People who used the service, their relatives and care workers were able to express their views and these were listened to.

People and their relatives told us that they were able to contact the office when they needed to and had been satisfied with the provider's response.

The service had established systems of quality monitoring which included seeking feedback about the service from people and their relatives.

Records relating to people's care were accurate, up to date and stored appropriately.

# Mumby's Homecare Support Limited

## **Detailed findings**

### **Background to this inspection**

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider 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.

This inspection took place on 25 May 2016. The provider was given 48 hours' notice of our visit because we wanted to ensure the registered manager was available to support the inspection process. This inspection was undertaken by one inspector and an Expert by Experience who telephoned people who used the service and their relatives to obtain their views. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the registered person is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection.

We spoke with five people and one relative by telephone to obtain their views about the care and support provided.

During our inspection we visited the service's premises and spoke with the registered manager and operations manager, two care managers and a trainer who was present on the day of the inspection to deliver training to care workers. We also spoke to three care workers. We checked care records for seven people, including their assessments, care plans and risk assessments. We checked four care worker files and other records relating to the management of the service, including the complaints log and quality monitoring checks.

## Is the service safe?

### Our findings

People told us they felt safe when care workers were providing their care. When asked if they felt safe, one person said, "Yes I do. They're nice and polite and everything. They make you feel safe with them." Another said: "Yes, I feel safe. They come and make my lunch. They don't have much time, only half an hour. They wash up after I've finished."

Relatives were confident their family members were safe when receiving their care, which they said was reassuring to them. One relative told us, "Yes. We had a live-in carer until last week. We were very grateful for her at the time".

People told us that they could rely on their care workers when they needed them. They said their care workers mostly turned up on time. Comments included "Their timing is very good and they arrive on time; they're pretty good", "Sometimes they may be five minutes late because of traffic, but I wouldn't say that was late, late. They've always turned up". One person said "They're always tight on time. They have little time to get here. They'll contact me if they're going to be late." Relatives told us that care workers were always on time. One relative said "Usually very punctual, but call if they are going to be late".

People were kept safe because the provider had plans in place in case anything happened that may affect the delivery of the service. For example, the provider had a vehicle that they could use in snowy conditions to get care workers to visits. People most at risk had been identified, such as those living alone, and plans were in place to prioritise the delivery of their care in the event of an emergency. The provider had an IT system that was backed up daily which meant all information would be available despite any potential physical damage if the property was affected. Care workers always had access to management support as the management team provided out-of-hours cover on a rota basis.

Care workers received training in safeguarding and recognised the signs of abuse. The provider told us that safeguarding was also discussed at team meetings and staff supervisions. To ensure that staff understood their responsibilities in reporting safeguarding concerns, a safeguarding booklet had been produced for care workers to carry with them. This had relevant and up to date information including the latest legal guidance. The service had obtained the local multi-agency safeguarding procedures for two local authorities responsible for the people they cared for. Care workers had been given information about how to raise concerns outside the service if necessary.

The service had carried out risk assessments to ensure that people receiving care and the staff supporting them were kept safe. For example, a person had a nutritional risk assessment in place as they had lost two stone during a hospital stay. We saw this had been managed by care workers monitoring food intake and the person had gained weight. Risk assessments also considered the environment in which the care was to be provided. For example, a person had a cluttered living room and there was guidance to ensure the walkways were clear to minimise the risk of the person tripping. There were also risk assessments for equipment in people's homes such as hospital beds and stair lifts. Guidelines had been produced for care workers about how to minimise these and other identified risks involved in the delivery of people's care.

Where an incident or accident had occurred, there was a clear record of how the event had occurred and what action could be taken to prevent a recurrence. For example, a person who had fallen twice had been referred for a falls assessment.

The provider carried out appropriate checks to ensure they employed only suitable people. Prospective care workers were required to submit an application form detailing qualifications, training and a full employment history along with the names of two referees and to attend a face-to-face interview. We found the provider had obtained references, checked the employment history had gaps explained, proof of identity, proof of address and a Disclosure and Barring Service (DBS) check for staff before they started work. DBS checks were used to identify if prospective staff had a criminal record or were barred from working with vulnerable people who use care and support services.

People who required assistance with medicines administration were supported appropriately. Care workers responsible for administering medicines had been trained in this area and their competency had been assessed. We saw medicines administration records and the provider had checked these records to ensure that people were receiving their medicines safely. We asked a relative about whether the person supported received their medicines on time and they commented "Absolutely. They are given at the right time."



## Is the service effective?

### Our findings

People mostly received their care from regular care workers who understood their needs. People told us that they usually knew which care worker was visiting them and that they knew their care workers well. One person said, "I get a group of them, so I get the same lot. I always know whose coming." Another person said "I get a list every week, of the people coming the next week. If I don't like somebody, I can ring up and ask to change." However, one person commented "No, it's whoever they send out. This week, I've had the same person, but it can be different. I get a sheet through the post to tell me what carers are coming in". Relatives told us they were confident in the experience and skills of care workers. One relative when asked if they felt care workers were skilled in their care and had the required training, said "Yes, on both counts. Some more confident than others". However, another relative told us "No the care plan isn't always adhered to". The relative had spoken with the registered manager about this who said it would be addressed. The registered manager had knowledge and understanding of the Mental Capacity Act 2005 (MCA) and associated codes of practice. The 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'. For example, the registered manager said she had intervened in a situation where a family had put a 'Do Not Resuscitate' note in the fridge of their relative. It was explained to the family that they could not make this decision and it would need to be discussed with all relevant persons before a decision was made.

Care workers had not received training on the MCA; however, they were able to explain how they involved people in decisions about their care and how they supported people who may lack capacity to make some decisions. This meant they were able to ensure people had choices and their rights weren't withheld. Care workers we spoke with showed a good understanding of consent issues in practice. A care worker told us that "It was important to offer choices to the person". People we spoke with said they were always asked for consent. One person said, "Yes, they do. If I need help, they will ask me if they can do that." Another person said, "Yes, they'll always ask permission first, like when they wash my back." The registered manager agreed that all staff should receive training on the MCA to ensure they are working to the principles of the Act and they spoke with the trainer about arranging this at the time of inspection.

Relatives told us their family members received consistent care and support from staff that were familiar to them. They said if a new care worker visited, they would "Usually shadow a regular carer".

All care workers attended a face to face induction. The registered manager told us shadowing experienced colleagues formed an important part of the induction process for new staff. They said that this element of the induction enabled new care workers to observe and learn how the provider expected people's care to be delivered. The registered manager told us a member of the management team always observed and assessed a new care worker before signing them off as competent to provide people's care.

Care workers received training in areas including dignity and respect, safeguarding, moving and handling,

first aid, fire safety, medicines administration, food hygiene and infection control. We saw evidence that a workbook and quiz had been completed by care workers to ensure their understanding of the training they had received.

Care workers had regular one to one supervision meetings with their managers to ensure they had the support to do their roles effectively. Staff and records confirmed that these took place every three months. We saw a list of when the next one to one supervision meetings were due to take place. Care workers had also received an annual appraisal to discuss their development achievements and needs in their roles. Dates for the next supervision meetings and appraisal were scheduled in. Spot checks were carried out by senior staff. This included feedback from people about the member of care worker supporting them.

People's nutritional needs were assessed during their initial assessment and any dietary needs were recorded in their care plans. A care worker told us she had been trained by a nurse to carry out a Percutaneous Endoscopic Gastrostomy (PEG) feed. A PEG tube is a feeding tube which passes through the abdominal wall into the stomach so that feed, water and medication can be given without swallowing. People were supported with mealtimes and shopping by their care workers. One person said "Yes, my meals are well prepared. She asks me what I would like."

The service worked co-operatively with people's families to ensure they received the treatment they needed. The Registered Manager told us that care workers had been told to raise their concerns with the office if they noticed a change in a person's needs or suspected they were unwell when they visited. We spoke with a care worker who said she supported a person who had no verbal communication skills but she knew from her face that she was in pain. She examined the person's foot and found out her toe had been bleeding and arranged for immediate health assessment.

Relatives told us that the service kept them up to date. One person said "The office rings on a regular basis and if changes are necessary they explain why". Another relative said "[Care worker] was very good. In hospital, my [relative] developed pressure sores. The [care worker] was very good at checking those areas. If she had concerns, she would suggest the GP was contacted and I would ring the surgery."

## Is the service caring?

### Our findings

People were supported by kind and caring staff. People told us the care workers who visited them were polite, courteous and treated them and their property with respect. People said they had developed good relationships with their care workers and looked forward to their visits. One person when asked if the care workers were caring said, "I think they are. I've become friendly with some of them". Two other people said "I think they're very caring, polite and helpful" and "You get to know which ones you don't want, so you let the office know". Another person said they hadn't always had good carers but said "This girl I have now is worth her weight in gold; is one hundred percent. She anticipates well". We saw in one person's records that the care worker should have a chat and coffee with the person they supported if they finished their care tasks early. We saw in the daily records that this had happened.

Relatives also provided positive feedback about the quality of care workers supplied by the service. They said that care workers were kind and caring in their approach and sensitive to their family members' needs. Relatives told us that care workers knew how their family members preferred their care to be provided and genuinely cared about their welfare. One relative told us, "Yes, generally I am happy with their manner and professionalism". Another said, "I believe they all genuinely care and if an issue arises they stay to sort it out although it makes them late for the next appointment".

People told us that care workers treated them with respect and provided care in a way that maintained their dignity. One person told us "On the whole, yes. If I use the commode, they'll go out of the bedroom, which is nice. I have a bed-bath every day." Another person said "Yes, they do. When I get in the shower, they'll ask me if I want the curtain closed. They put my dressing gown on between bathroom and bedroom." A relative we spoke with said "Oh yes, she was very considerate when carrying out personal care. She was respectful, but didn't fuss."

People were encouraged to do as much for themselves as possible. We saw in care plans guidance about what tasks people could do for themselves, such as clean their own teeth, wash their own face and choose what clothing to wear. We saw guidance on one file which stated the person had good days and bad days and that it should be checked on each occasion what they wanted or were able to do for themselves to promote independence as much as possible.

Care worker's values and beliefs had been explored during induction. For example, we saw assessments that had been completed by a care worker on carer standards including the 'Personal philosophy of care'. A question was asked for a statement on 'I believe that my role in relation to the client is?' This question had been answered by the care worker with a statement 'Commitment to quality care and understanding of their needs'. There were many other questions about what the care worker felt was important and this showed the service understood the importance of recruiting care worker's with the right values working in the organisation.

People had access to information about their care and the provider had produced information about the service, including confidentiality and personal choice. People had signed that they had received a copy of

this. People were issued with a contract which set out their rights and the service to which they were entitled.

People had signed to authorise relevant persons to have access to their files. The provider had a confidentiality statement, which set out how people's confidential and private information would be managed.

If support was needed from care workers or families around supporting a relative with dementia, a director of the service would offer one to one training and provide advice about helpful ways of communicating. He had visited service users' homes to carry out family sessions. It was reported that this had been valuable for families who had no experience with dementia before.

## Is the service responsive?

### Our findings

People received a service that was responsive to their individual needs. A person told us, "I get a list every week, of the people coming the next week. If I don't like somebody, I can ring up and ask to change." Another person said, "I think they do to a certain extent; they can't do miracles. If they can't put that carer in I would like, that is, that carer's already taken, there's nothing I can do." A relative told us they thought the service was responsive saying, "I think the office does run smoothly. They issue rota's which rarely change and if they do they do let us know".

People were able to request changes to their care. For example, we saw a person had requested a later morning visit as they stayed up late and did not want support till later in the morning. We saw that this had been arranged and the person was happy with their support.

People had their needs assessed before they began to use the service to ensure the service could provide the care people needed. Assessments identified any needs people had in relation to health, mobility, communication, nutrition and hydration, medicines and personal care. Assessments also recorded what people wanted to achieve from the service and their preferences about their care. A relative told us "The [registered manager] came to the hospital to evaluate his care. It was all very explicit about what was needed."

Each person had an individual care plan drawn up from their initial assessment. Once the provider had drafted the care plan, it was shown to people to check the contents reflected their wishes and preferences and signed to agree it was correct. Care plans provided detailed guidance for care worker's about people's needs and the way they preferred things to be done. For example, a person who had pets there was information on their care plan to ensure the carer knew not to let the pets outside.

People were regularly asked for their views about all aspects of their care and their views were listened to. A person told us "A one-to-one meeting took place, when I said what I wanted." A relative told us "No reviews have taken place yet – it's too early, but I am happy that Mumby's consult me about any issues".

The provider told us that people's care was reviewed on an annual basis or before if changes were needed. They said these reviews were important to ensure that people were receiving their care in the way they needed and preferred. All the care plans we looked at had been reviewed on time.

The provider had a complaints policy which set out the process and timescales for dealing with complaints. This was provided to people when they started to use the service. People who used the service and their relatives told us the provider had made them aware of the service's complaints procedure. People knew who to contact. Comments included, "I just phone the office and speak to the boss", and "I speak to Mumby's" and "Yes. I would phone up the office." A person told us they had been unhappy with a care worker and said "I made a complaint after [care worker] had left and [manager] came to see me. My current carer is splendid. Worth her weight in gold."

The service had also received many compliments from the people they supported and their relatives. We saw a recent card which stated '[Care worker] was an absolute star, so kind and supportive'.

The service ensured that any changes to people's needs were communicated immediately to their care workers. Care plan's would be amended and care workers informed by phone if needed to ensure they were alerted to this information immediately.

The service showed thoughtfulness to people. For example, a person's vacuum cleaner was not working well and the service purchased a new one for her at no cost to the person. The service held a summer barbecue each year which care workers and people using the service and the relatives were invited to. The service had also purchased mindfulness colouring books for some people in the service. These had been found to soothe anxiety and reduce stress.

## Is the service well-led?

### Our findings

Everyone we spoke with felt the management of the service was good. People told us communication was positive and they had a good relationship with the management and office staff.

The service management team comprised the registered manager, who managed the agency on a day-to-day basis. An operations manager also had responsibility on the day to day running of the service. There were two care managers, a full time accountant and part time administrator. Each member of the management team had obtained qualifications relevant to their role, such as social work qualification and registered nurse. The management team worked together to ensure that the service operated effectively. The management team attended a planning meeting every Monday to ensure that appropriate staffing rotas were in place and to plan the quality checks to be carried out.

A member of the management team was always available to people who used the service, their relatives and care workers, including out of office hours. A relative asked on how the service was led said "Yes, all good with Mumby's". I have phone numbers and out of hours contact details". Another relative said "I think Mrs Mumby is the manager. I've only needed to contact her for practical matters. There's always someone in the office. She would always ring me back if need be. My only faint criticism is the bill is not itemised enough. I've asked for that, but it's not something that's been resolved. But I accept that."

Care workers were happy in their work. One person commented "They're a good company. That's why I've stayed so long". Another care worker said "If you have problems they are there for you". The service had purchased three cars for care workers to use if needed. This ensured that if their vehicles broke down they were able to continue working. The service paid for each person using the car to be assessed for their driving skills prior to their use.

Staff meetings were held regularly. We saw a request on care worker files asking for items to discuss at the team meeting to ensure each person had a chance to discuss important issues to them. We saw issues had been discussed around training and updates on recent spot checks and findings from these were shared.

A newsletter was sent out every three months to all staff. Staff told us they found the newsletter useful. For example, the May 2016 newsletter included information and welcome for new staff. It had articles on ensuring care workers checked fridges for out of date food and about recording keeping tips.

People were supported to have their say about the care they received and relatives were encouraged to contribute their views. A relative told us "As far as I have seen, I am happy that we are provided with all the information we require".

The service distributed satisfaction surveys each year, which people could return anonymously if they wished. The 2015 survey results were very positive about the care people received, the skills and attitude of staff and communication with the service. One comment was '[Care worker] doesn't mind what she turns her hand to whether it is watering my garden or washing my feet! Excellent care'. Surveys were also

distributed to staff to enable them to give their views about the service and ways in which it could be improved. These surveys were also very positive.

The agency's quality monitoring systems included making spot checks on care workers providing people's care. We saw records of these and also dates for the next ones. A member of the management team visited people's homes by arrangement to check their care workers arrived on time, dressed appropriately, carried proof of identity and maintained the security of the person's property. These visits also checked that care workers were providing people's care safely and in line with their care plan, and treating people with dignity and respect during their visits.

The records we checked in the service's office relating to people's care were accurate, up to date and stored appropriately. Care workers maintained daily records for each person, which provided information about the care they received, their food and fluid intake and the medicines they were given. We found evidence that care records were checked and monitored by the management team to ensure that the quality of recording was appropriate.