

MUS4BANJ LTD

Mus4banj Ltd

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Mus4Banj Ltd is a domiciliary care agency providing personal care to people in their own homes. At the time of the inspection, Mus4Banj Ltd were supporting 8 people.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

Staff were not always recruited safely. There were gaps in employment records and disclosure and barring service checks were not always completed when staff commenced employment. The provider did not complete any audits to monitor and improve the service. A statutory notification of an event which affected the operation of the service had not been submitted to the Care Quality Commission.

Care plans were not always fully reflective of people's needs. People were involved in planning their care and felt the registered manager and the staff were kind and caring. The provider had received several compliments thanking them for their hard work and dedication, particularly for providing dignified end of life care and support. Processes were in place for responding to complaints.

People's choices and preferences were captured as part of the providers assessment process. The provider worked with health and social care professionals to achieve best outcomes for people. Staff received an induction and training in line with their job role, however, evidence of training certificates were not stored at the registered office. We have made a recommendation about the provider obtains and retains copies of staffs training certificates. The provider was completing unannounced spot checks on staff; however, they were not recorded. We have made a recommendation the provider ensures all staff checks are recorded, including feedback from people.

Risks to people were assessed and mitigated. Staff were aware of safeguarding processes and people felt confident to raise any concerns they had. Medicines were safely managed. Infection control procedures were followed.

The provider understood their responsibilities under the Mental Capacity Act. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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

Rating at last inspection

The service was registered 4 July 2022 and this is the first inspection.

Why we inspected

This inspection was prompted in part following concerns received about safe care and support. A decision was made for us to inspect and examine those risks.

You can see what action we have asked the provider to take at the end of this full report.

Enforcement and Recommendations

We have identified breaches in relation to good governance and fit and proper persons employed at this inspection.

We have made a recommendation; the provider ensures they obtain copies of staff training certificates. We have made a recommendation to ensure all checks are recorded including any feedback obtained from people.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Mus4banj Ltd

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection team consisted of 2 inspectors.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

Inspection activity started on 4 April 2023 and ended on 18 April 2023. We visited the location's office/service on 18 April 2023.

What we did before inspection

We reviewed information we held about the service, and we sought feedback from the local authority and professionals who work with the provider. The provider was not asked to complete a Provider Information

Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

During the inspection we spoke with the registered manager and 2 staff members. We spoke with 3 people who were supported by the provider, the local authority commissioners, and a health professional. We reviewed 2 people's care records including assessments and medication records. We reviewed 3 staff recruitment, induction, and training records. We also looked at policies and procedures and staff rotas.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- Staff were not always safely recruited.
- Application forms for staff were incomplete and a full employment history was not always obtained.
- References had not always been gained from the applicants' previous employers and some references obtained had been from friends of the applicant.
- Disclosure and Barring Service (DBS) checks were obtained after the employee had commenced employment. This meant the provider had not satisfied themselves the employee was not barred from supporting vulnerable people prior to providing personal care and support. However, DBS checks were in place at the time of the inspection. Disclosure and Barring Service checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

The provider did not follow recruitment procedures to ensure staff were safely recruited. This is a breach of Regulation 19 (1) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There was enough staff available to ensure people received timely care.

Assessing risk, safety monitoring and management

- Risks to people were assessed and strategies were recorded to support staff with reducing any identified risks.
- The provider completed a risk assessment of people's property such as fire and electrical safety to ensure both people and staff were safe.
- Risks to people were regularly reviewed. Staff told us they understood the risks people presented.

Systems and processes to safeguard people from the risk of abuse

- People felt safe while being supported by the staff from Mus4Banj Ltd.
- One person said, "I have no concerns, the staff are kind and caring."
- Staff felt confident to report any safeguarding concerns they had to the registered manager.
- There had been some safeguarding concerns raised with the local authority, however, they had not met the threshold for further investigation. These were mainly around missed or late calls. The provider has now addressed the concerns and there had not been any further missed or late calls.

Using medicines safely

- People were supported safely with the management of medicines.
- Staff received training in safe medicines administration and had their competency reviewed.
- One person told us, "They [staff] help me with me medicines. They give me my tablets in the morning."
- A staff member told us, "I follow the rules [of administering medicines], right route, right dose and record on the medication administration record."

Preventing and controlling infection

- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- The provider had processes in place to ensure they were able to record any accidents or incidents.
- No accidents or incidents had occurred to any people the provider was supporting.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People were assessed by the provider to ensure their needs could be met by the staff team.
- People, their relatives and health professionals contributed to the assessment process to ensure needs and choices were fully captured.

Staff support: induction, training, skills and experience

- Staff received an induction and ongoing training related to their job role.
- The induction ensured staff were prepared to work in health and social care and additional training specific to people's individual needs such as catheter care was completed by staff.
- A staff member said, "I have had a lot of training. Comprehensive courses. I am competent in taking on the role."

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

- Where people required support with eating and drinking, this was captured in the care plan.
- People's choices were recorded and any additional actions for staff such as ensure fruit is refrigerated the night before as the person preferred to eat it cold, were followed.
- People spoke positively about the support they received with meal preparation.

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

- The provider worked with other agencies including health and social care teams to ensure people received consistent health care and support.
- The provider worked closely with the district nursing team to ensure best outcomes for people with the management of skin integrity, continence care and other aspects of health care.
- A health professional told us the registered manager and the staff team were very responsive in working alongside them in supporting people with health conditions.

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 MCA 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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA , whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The provider understood their responsibilities under the MCA and staff had been provided with training to enhance their knowledge.
- People had their capacity assessed as part of the assessment process.
- No one being supported by the provider currently lacked capacity or were under any restrictions on their liberty.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence.

- People were well treated and supported with respect and had their independence promoted.
- People spoke positively about the provider and the staff team. They told us the staff were polite and helpful and they had a good relationship.
- Care plans clearly recorded what people could do for themselves and staff confirmed they promoted independence as much as possible.
- One person said, "Staff do what I ask them. They are gentle." Another person said, "I get on great with them [staff]. I have a good relationship with them [staff]."
- A staff member told us, "Some [people] want to be independent so we prompt them to do things for themselves where possible."

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

- People were involved in expressing their views and making decisions about their care.
- People told us they were able to choose the sex of their chosen support staff. One person told us, "I have a couple of chaps that come in. They come in, get on and I get on great with them."
- People were informed about any changes to their schedule calls. For example, a change of staff or if staff would be late.
- Staff told us "We take our time with people and do not rush, and the registered manager is okay with us taking that bit longer on calls."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people's needs were not always met.

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

- Care plans were in place but did not always capture people's full care needs.
- Where people required continence care and support including the use of continence aids, this was not always recorded in the care plan. However, staff were aware of who required support in this area.
- Further work was required to ensure robust infection control strategies were recorded in the care plan for the management of catheter care. The provider began to update care plans following our inspection.
- People were involved in planning their care and staff had been able to read the care plans which were accessed via secure app on a mobile device. A paper copy of the care plan was stored in people's properties.
- A staff member told us, "Before we go to calls, we look through the care plans – we read those. We also read the risk assessment before a new call."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Information was provided to people in the most suitable format for example, large print.

Improving care quality in response to complaints or concerns

- One complaint had been received by the provider which was investigated and unfounded.
- People felt comfortable to raise any concerns they had but felt they did not need to.

End of life care and support

- The provider was able to care for people at the end of their life and staff had received training to underpin their knowledge in this area.
- Nobody was receiving support at the end of their life during the inspection, however, the provider worked closely with the district nurses to ensure any end-of-life care was suitable and dignified.
- We reviewed a thank you card from the family of a person the provider had supported at the end of their life which recorded, "[Name] was looked after and we thank the staff for their heartfelt dedication, super friendly and patience. They [staff] helped the family through a very difficult time and were there when [Name] died."

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Managers were not always clear about their role or understood quality performance and regulatory requirements.
- No audits had been completed by the provider to ensure regulatory requirements were being met. Audits may have highlighted the gaps in recruitment records and care records.
- The provider had not submitted a statutory notification for when a lack of staff affected the operations of the service. A statutory notification is details of certain incidents and events which affect the service which should be notified to the Care Quality Commission (CQC).

The provider did not operate effective systems and processes to ensure they assessed and monitored their services. The provider did not share relevant information with the CQC which is a regulatory requirement. This was a breach of Regulation 17 (2) (a) (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

- The registered manager was keen to improve and was receptive of the inspection findings and told us, they have started to work on the area's highlighted.
- The provider was operating from a registered office some distance away from where they delivered personal care. They told us, there were looking for a local office for a more permanent base.
- People supported by the provider and staff spoke positively about the registered manager. One person told us, "[Registered manager] is a good man who knows their job."

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

- The registered manager had completed unannounced checks on staff to ensure they were completing their role as required. People and staff confirmed this occurred, but the checks had not been recorded. We recommend all spot checks of staff are regularly recorded as part of staffs ongoing progression.
- Staff and the training matrix confirmed regular training had been undertaken but the provider had not kept copies of training certificates as evidence. We recommend the provider obtains copies of training certificates to evidence staff training.
- People were engaged in their care and support and staff felt well supported by the registered manager.

The provider engaged with health and social care professionals to ensure they worked collaboratively to achieve positive outcomes for people supported.

- Staff had not yet started to receive regular supervision but were part of regular staff meetings and had regular contact with the registered manager including having regular communication via a private Whats App which was secure.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others

- The provider worked with other agencies to achieve good outcomes for people.

- People told us Mus4Banj Ltd was one of the better agencies they had received care from. One person told us by having the support of the agency, it had enabled them to move back into their own home.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not operate effective systems and processes to ensure they assessed and monitored their services. The provider did not share relevant information with the CQC which is a regulatory requirement.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The provider did not follow recruitment procedures to ensure staff were safely recruited.</p>