

Mobile Care & Domestic Services Ltd

Mobile Care

Inspection report

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11 March 2019

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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

About the service:

This service is a domiciliary care agency which provides personal care to people living in their own homes. At the time of our visit 49 people were being supported by Mobile Care.

People's experience of using this service:

People told us they were supported by staff who knew and consistently met their needs. Staffing levels were continuously reviewed to ensure there were enough staff to provide a flexible and responsive care. People told us the carers were reliable however we did receive mixed comments about the punctuality of calls on occasions. We have made a recommendation about this.

Procedures were in place to record safeguarding concerns, accidents and incidents and take necessary action as required. We saw the management team had cooperated and worked in partnership with the local authority when safeguarding concerns had been brought to their attention. People told us they felt safe with the support they received from the staff.

People's care and support had been planned proactively and in partnership with them. People felt consulted and listened to about how their care would be delivered. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

The service worked in partnership with healthcare professionals and families to ensure people's health care needs were met. Care plan information focused on a person-centred method of supporting people. Also, information contained what support was required.

People supported by the service and their relatives consistently told us the management and staff who supported them were polite, reliable, caring and professional in their approach to their work.

People and relatives said individuals using Mobile Care experienced positive outcomes. We reviewed compliments received by the service and saw people and family members had repeatedly praised the service for the improvements made to people's lives.

The service had a complaints procedure which was made available to people and their family when they commenced using the service. The management team worked proactively to ensure individual concerns were identified and acted upon before they became a complaint.

The registered provider used a variety of methods to assess and monitor the quality of the service. This enabled the service to be monitored and improve areas that were identified through their quality monitoring processes.

More information is in the detailed findings below.

Rating at last inspection:

At the last comprehensive inspection the service was rated overall as Good.

Why we inspected:

This inspection was a scheduled comprehensive inspection based on the previous rating.

Follow up:

The next scheduled inspection will be in keeping with the overall rating. We will continue to monitor information we receive from and about the service. We may inspect sooner if we receive concerning information about the service.

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

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 remained good

Details are in our Safe findings below.

Is the service effective?

Good ●

The service remained good

Details are in our Effective findings below.

Is the service caring?

Good ●

The service remained good

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service remained good

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service remained good

Details are in our Well-Led findings below.

Mobile Care

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

One adult social care inspector carried out this inspection.

Service and service type:

This service is a domiciliary care agency. It provides personal care to people living in their own homes. Not everyone using this service receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

We gave the service 48 hours' notice of the inspection visit to be sure the registered manager would be available to speak with us. We also requested to pre-arrange home visits to meet with people who used the service.

This inspection took place on the 05 and 11 March 2019. On the first day of our inspection we visited the office and also visited two people, with their permission, at their homes. On the second day we spoke with people supported by the service and staff by telephone.

What we did:

Before our inspection we completed our planning tool and reviewed the information we held on the service. This included notifications we had received from the provider, about incidents that affect the health, safety

and welfare of people supported by the service and previous inspection reports.

During the inspection we spoke with four people who were supported by Mobile Care and two relatives. We spoke with four members of staff, the registered manager and nominated individual.

To gather information, we looked at a variety of records. This included care plan records related to three people who used the service. We also looked at other information related to the management of the service. We did this to ensure the management team had oversight of the service and they could respond to any concerns highlighted or lead Mobile Care in ongoing improvements.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People we spoke with told us they felt safe. One person told us, "I feel extremely safe. The carers are very patient and caring."
- The registered provider had safeguarding systems in place. Staff understood their responsibilities for keeping people safe and the processes for reporting any concerns they had about people's safety.

Staffing and recruitment

- We looked at staff recruitment for two staff members who had been recruited or promoted during the last year. We saw this had been done safely and all the required checks had been completed prior to staff commencing work for the service.
- Staff we spoke with were complementary about the induction they received when starting work with Mobile Care. One staff member told us, "I had several days training in the office and several days shadowing a more experienced member of staff. The training really helped equip me to care for people safely."
- The service employed a sufficient number of staff to ensure they could provide people with the support they required. People told us that the continuity of carers was good. One relative told us, "The continuity is very good. We get a rota of who is visiting each week. We know where we are and it gets done. It's a good system and I wouldn't half moan if it wasn't right."
- We received mixed feedback regarding the punctuality of staff. Four people supported by the service told us staff were reliable however, one relative told us at times staff were travelling a distance and could be late. This impacted on other arrangements the person had for the day.
- We also received mixed feedback from staff with one staff member telling us time for travel could sometimes be difficult and they could run late.
- We spoke with the management team about the feedback we had received. A new electronic rostering system was in place. The management team were monitoring any concerns and speaking with the system development team to identify any improvements required to the system.

We recommend the registered provider reviews the staff rostering system to ensure that it is based upon best practice guidelines.

Using medicines safely

- Not everybody received support from Mobile Care with their medicines. People who received support with their medicines told us they were happy with the arrangements.
- Staff told us they had received regular training and competency checks to ensure they had the suitable skills to carry out the task safely. Records seen confirmed this.
- Where people were supported, we saw medicines were generally managed safely and in line with good

practice guidance, "Managing medicines for people receiving social care in the community." (National Institute of Clinical Excellence, 2018.) During the visit to one person's home, we saw one medicine was available but not recorded on the Medication Administration Record. This was rectified immediately by the management team.

- We noted systems were in place to spot check and audit medicine administration but suggested the frequency of the audits be reviewed in line with good practice.

Assessing risk, safety monitoring and management

- We looked at how personal risk was managed and addressed to ensure people were safe. The registered provider had a variety of risk assessments in place including assessments that covered the environment, moving and handling and medication.
- Risk assessments viewed were person centred and individualised for each person. Information contained details of the person's level of independence and action to support them.
- Consultation had taken place with each person, their relatives and professionals to ensure risks were identified and managed in line with good practice. Risk assessments we saw had been reviewed regularly to identify if there had been any changes in peoples' risk and needs.

Learning lessons when things go wrong

- Accidents and incidents were logged and documented. This is so any trends or patterns could be highlighted. We saw documented evidence action was taken accordingly to ensure risk was minimised to prevent further accidents from occurring. We also saw the management team discussed accidents/incidents with staff as a learning opportunity.

Preventing and controlling infection

- The registered provider ensured infection control procedures were followed. Staff received training and regular spot checks were undertaken to ensure standards were maintained.
- Staff told us there was sufficient personal protective equipment, such as disposable gloves and aprons to maintain good standards of infection control. People confirmed staff used these when they visited and provided personal 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

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

- The management team carried out a comprehensive assessment of people's needs prior to offering a service. They did this to ensure the service could meet the person's individual needs. This included liaising with health and social care professionals whenever appropriate.
- Care plans viewed, were detailed and reflected people's wishes and preferences. Additionally, they included times and tasks for each visit. The registered provider regularly reviewed and updated care plans when people's needs changed.
- The management team understood the importance of delivering care in line with standards and guidance. The management team remained in contact with health and social care professionals. This supported them to provide effective, safe and appropriate care which met people's needs and protected their rights.
- Information about people's health conditions was accessed from reputable sites on the internet. This helped to enhance and develop staff knowledge to ensure they had skills to support people.

Staff support: induction, training, skills and experience

- The management team understood the importance of staff training. Staff were provided with training opportunities to meet the individual needs of the people they supported. For example one person had a specific type of catheter fitted to prevent accidental dislodgement. All staff providing care for that person had received training to manage the catheter care. The person told us, "Everyone knows what they are doing. It gives me confidence."
- All staff we spoke with told us training was accessible and regularly updated. One staff member told us, "The training is very good. All the training is face to face. I like it. I learn more that way when I can ask questions."
- We spoke with staff about supervisions. Supervision is a process between staff and manager; where discussions are held to review their role and responsibilities. Staff told us they received frequent supervision and felt well-supported.

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

- Some people were supported to eat and drink regularly by staff. People told us they were happy with the meals and snacks staff prepared for them.
- Staff had a good understanding of people's nutritional needs. They told us they would report any changes or concerns to the management team for further investigation by the appropriate health care professional. We noted an example where one person had difficulty swallowing due to their health condition. Staff reported this to the management team. A referral was made straight away to the relevant health professional so that appropriate assessment and support could be accessed.

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

- People praised the way in which staff worked with other health professionals. One person told us, "They get me help when I need it."
- We saw numerous examples of where staff had promptly reported changing needs for people supported by the service. Records showed the service had engaged well with health and social care professionals and family members to ensure that people's needs were effectively met. For example, one person who was fearful of going into hospital had not raised any concerns about their health. The changes were noted and staff and management worked closely with the person, their family and health professionals to ensure the person received the best possible care and support. The person was supported to be admitted to hospital where a serious health condition was diagnosed. The person is now receiving appropriate and timely medical support with their condition.
- Information was shared with other agencies as appropriate when people needed to access other services such as GPs, district nurses and hospital consultants.

Adapting service, design, decoration to meet people's needs

- Mobile Care is a service that provides care and support to people living in their own homes. As such we did not inspect the premises.
- The service had systems to identify, record and meet people's communication and support needs. This was so they could adapt the service to ensure people received the best care and support. For example we saw people supported by the service were provided with a copy of the rota of which care staff were visiting them each week.
- The management team understood the importance of technology to provide an effective service. Information about people's care needs was available to staff through a secure phone application.
- Important information was available for staff as and when needed and also could be updated following any changes. This meant staff had timely access to up-to-date information about people's care needs.

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.
- We checked whether the service was working within the principles of the MCA. Processes were in place for people to give their consent to care and support. Care records maintained by the registered provider addressed people's capacity and decision making.
- People supported by the service confirmed they were involved in making decisions about their care and their consent had been sought for how care was delivered.

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

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

- Staff knew the people they supported well and cared for them in the way they liked. Comments about the staff from people supported by the service included, "The carers are lovely and friendly. I get on with them really well." And, "They treat me well. I can have a laugh and a joke with them." A relative told us, "Oh they are lovely. They are conscientious, hard working and very good."
- Throughout our inspection people told us staff and the management team at the service cared about them. One example given of care outside the hours commissioned was the management team had identified four people who they supported. They lived alone and wouldn't have had a home cooked meal on Christmas day. The management team made arrangements for them to attend an organised function in the community on Christmas day. Two people accepted this offer and received a three course meal, presents and a game of Bingo. We were shown the thank you messages the service received saying how much they had enjoyed the function, how it was, "Thoughtful and appreciated."
- The management team promoted each person's right to individuality, autonomy, dignity and fulfilment. We saw a policy had recently been introduced relating to sexuality and relationships. Staff had completed training sessions on equality, diversity and human rights.
- Staff we spoke with had a sensitive and caring approach when talking about the people they supported. They understood the importance of protecting and respecting people's human rights.

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

- Staff recognised what was important to people and ensured they supported them to express their views and maintain their independence.
- We saw care records contained evidence the person who received care or a family member had been involved with and were at the centre of developing their support plans.
- People we spoke with confirmed they were supported to express their views. One person told us, "I'm always asked what I would like doing."
- Information was readily available about local advocacy contacts, should someone wish to utilise this service. An advocate is an independent person, who will support people in making decisions, in order to ensure these are made in their best interests.

Respecting and promoting people's privacy, dignity and independence

- Staff told us how they ensured people received the support they needed whilst maintaining their dignity and privacy. For example, making sure doors and curtains were closed before providing personal care.
- People we spoke with who received personal care told us they had no concerns about their privacy and dignity when being cared for. One person told us they received personal care, however through the effective care they had received they were now able to walk small distances. They told us this meant they were now

able to access the bathroom by themselves. They said this helped them to be more independent but also promoted their privacy and dignity.

- Care records seen had documented people's preferences and information about their backgrounds and considered the support needed to maintain their individuality and independence.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care records showed people's needs were assessed before receiving a service. Care plans had been developed where possible with each person, identifying the support they required and providing information about people's preferences and daily routines; their likes and dislikes.
- Care was personalised to manage people's care and support needs and promote independence as appropriate. Records seen were very person centred and informative.
- We saw numerous examples of where the service had been responsive following a change in a person's needs. For example a person had a fall at their home. The member of staff raised concerns with the management team. The family were informed and a referral made to social services. The person's support package was increased so that staff were visiting more times during the day.
- Reviews of people's care plans were completed or had scheduled dates to ensure the support people received continued to meet their needs and wishes.
- The Accessible Information Standards (AIS) was introduced to ensure people who have health or social care support receive information. This should be in a format which was understandable to them and takes into account their communication needs. The management team were aware of the need to ensure people received accessible information and assessed people's communication needs.

Improving care quality in response to complaints or concerns

- People knew how to provide feedback about their experiences of care and the service provided a range of accessible ways to do this. This included regular reviews of their care and arranged meetings for people who were supported by the service.
- Apart from mixed comments about the punctuality of staff, the people we spoke with were happy with the service they received. They felt confident any concerns would be listened to and acted upon in an open and transparent way, as an opportunity to improve the service.
- The service had received a small number of complaints since the last inspection. We saw that these had been responded to appropriately. We saw evidence any improvements required had been communicated to staff and entered within the person's care plan.

End of life care and support

- Mobile Care was not currently caring for anyone requiring end of life care. All staff had received training and the service would support people at this time should it be required.

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service was organised and there was a clear staffing structure. People spoke positively about how the service was managed. They informed us the nominated individual was visible about the service and had a good understanding of people's needs and backgrounds. One person told us, "I like [nominated individual], she knows what she is doing and I can talk to her at any time."
- The management team was committed to providing a quality service. They told us they kept themselves up to date by attending training courses and networking with other professionals.
- The management team were aware of their regulatory responsibilities to report certain incidents and events to the Care Quality Commission. We had received appropriate notification of these as they occurred.
- Ratings from the previous inspection were displayed at the service.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- We found the management team were open and transparent. They focused on the needs of the person and on their wellbeing and strived to give them the best possible care and support.
- Policies, procedures and the work undertaken by the management team and staff supported people were at the centre of all they do.
- Guidance was available around the duty of candour responsibility if something was to go wrong.

Continuous learning and improving care

- The registered provider actively sought and acted upon the views of people they supported. There was a strong emphasis on continually striving to improve their service to deliver the best possible care for people supported by Mobile Care.
- The registered provider had a variety of systems in place to monitor the quality of the service. These included spot checks, care reviews and an annual quality monitoring audit. We suggested the frequency of the audit be reviewed to ensure monitoring was timely.

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

- The registered provider continued to actively seek and act upon the views of people they supported. People told us they were encouraged to comment on care plans and feedback to the registered provider through regular survey questionnaires. People also told us they could simply speak with staff if there was anything they wished to discuss or change.

- We saw evidence that where people had raised comments in the questionnaires these had been acted upon to improve the service. For example we saw that one person had requested female only carers through the questionnaire. The rostering system had been updated with this request, the care plan had been updated and staff informed.
- Staff spoke highly of the management team. They all stated the support they receive was excellent. They told us all they had to do was ring the office and there was always someone that was able to offer the support needed. One staff member told us, "This is the best company I have worked for. The support is excellent, anything is dealt with straight away. They are really on the ball."

Working in partnership with others

- The service worked in partnership with other organisations to make sure they followed current practice, providing a quality service and the people in their care were safe. We saw the registered provider had liaised with health care professionals and specialist teams. This was to ensure timely referrals were made and where necessary additional support had been sought. This ensured a multi-disciplinary approach had been taken to support care provision for people in their care.