Mobile Care Services Limited

Mobile Care Services Limited

Inspection report

Mobile Care Services Limited
Unit A, Innage Park
Abeles Way, Holly Lane Industrial Estate
Atherstone
Warwickshire
CV9 2QX
Tel: 01827 715537
Website:

Date of inspection visit: 19 and 21 September 2015
Date of publication: 20/10/2015

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

Overall summary

The inspection was announced and took place on 19 and 21 September 2015.

Mobile Care Services Limited is a large independent domiciliary care agency that provides personal care and support to people in their own homes in North Warwickshire and the surrounding villages, Leicestershire and Staffordshire. People who receive a service include those living with physical frailty due to older age, dementia, mental ill health and people with a learning disability or autistic spectrum disorder. At the time of this inspection the agency was providing a service to 432 people. Visits to people ranged from quarter of an hour up to one and half hours. The frequency of visits ranged from several visits each day to a weekly visit depending on people's individual needs.

The agency is required to have a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service.

Summary of findings

Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run. At the time of this inspection the agency had a registered manager in post. During this inspection the registered manager was not present due to taking their planned leave.

The feedback that we received from people that used the service or their relatives was good. People told us that they felt safe when care workers undertook call visits to them in their homes. Staff told us they knew how to keep people safe from the risk of avoidable harm or abuse. Risks to people were assessed and care plans were in place. Staff told us they felt they had the training and skills needed to meet people's needs. There were sufficient staff to undertake the number of visits people needed.

People had good relationships with their care workers and there was a consistency in the care workers that undertook their calls. Call visits took place within the agreed time slots and there had been no missed visits to people. The agency was flexible and responded positively to people's requests to changes in their call visit times. Feedback was sought from people about the service they received.

Staff were supported in their roles. They received the training that they needed, attended regular meetings and were kept informed by office staff of any changes they needed to be aware of. Systems were in place to monitor the quality of service provided to people.

Summary of findings

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 safe.

People felt safe with care workers in their homes and people were protected against the risk of avoidable harm and abuse.

Staff were safely recruited and the provider had completed the required pre-employment checks on them.

People received their prescribed medicines from trained care workers at the required times.

Good

Is the service effective?
The service was effective.

Staff were provided with effective training and support to ensure they had the necessary skills and knowledge to meet people's needs.

Staff explained to people what they were doing and gained their consent.

Staff supported people with their food and drink.

People were supported in making referrals for specialist equipment and for healthcare professional visits when needed.

Good

Is the service caring?
The service was caring.

People and their relatives told us that staff were kind and caring toward them / their family member.

People were treated with dignity and respect.

Good

Is the service responsive?
The service was responsive.

People's care needs were assessed and staff had the information they needed available to them so they could respond to people's needs.

Staff were responsive to people's preferences about their daily routine.

People and their relatives told us that they knew how to make a complaint if needed.

Good

Is the service well-led?
The service was well led.

The provider had systems in place to monitor the quality of the service provided to people. Where actions had been identified to make improvements these were actioned.

Feedback from people was sought and acted upon if needed.

Staff were supported and listened to.

Good

Mobile Care Services 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 is 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 19 and 21 August 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be available to spend time with us. The inspection team consisted of two inspectors.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We did not receive the PIR. We discussed this with the director and Human Resources Officer and they told us that they had encountered difficulties in electronically sending their completed PIR to us. They told us that, due to the difficulties encountered, a different electronic address had been used. This may account for us not receiving the PIR.

We reviewed the information we held about the service. This included information shared with us by the Local Authority and notifications received from the provider about, for example, safeguarding alerts. A notification is information about important events which the provider is required to send us by law.

We spoke with 11 people that used the service and 7 relatives who told us about their family member's experiences of using the service. We spoke with eight care workers, two duty officers, four operations officers, one human resources officer and the director of the agency. We spent time with and observing office-based staff and their handling of the operational call monitoring system. We reviewed a range of records, these included care records for five people and three people's medicine administration records. We reviewed six staff induction, training, support and employment records, quality assurance audits, minutes of staff team meetings and people's feedback that had been sought by the provider about the quality of service provided.

Good

Is the service safe?

Our findings

All of the people spoken with told us they felt safe when agency staff members carried out visits to them in their homes. One person told us, "I can't get to the door so they (staff) let themselves in. They always call to me to let me know they have arrived. I feel totally safe with them coming into my house."

Relatives spoken with told us they felt their family member was safe with staff undertaking visits to them. One relative told us, "I feel that my family member is safe and secure with the agency staff going into their house."

Care staff understood what constituted abuse and their responsibilities to report this to staff based at the office. One care worker told us," If I have any concerns I would record it and report it to the office. I would expect them to look into it and refer it to social services." Another care worker told us, "I would record it and report it to the office. Depending on what the allegation was I probably would not record this in the person's records in their house. We have 'cause for concern' forms that I would complete." Staff knew who to go to within the organisation if they thought the concerns raised had not been acted on.

The director told us that the office was open until 10pm and they had an 'out of hour's on-call' system when the office was closed. Staff confirmed this to us and told us this reassured them that someone was always available if they needed support. One care worker told us, "I can phone at any time if I need help or advice. You can usually speak to someone but if you have to leave a message they will get back to you."

Staff knew about risks associated with peoples care and said there were copies of risk assessments in peoples' homes for them to read and follow. Records confirmed that risk assessments had been undertaken and care was planned to take into account and minimise risk. For example, care workers used equipment to support people who needed assistance to move or transfer from their bed to chair. One care worker told us, "Before using a hoist I check the transfer sling to make sure there are no rips or faults."

Another care worker told us, "I check people's skin for any redness. Any concerns I would record it and report it to the office I would also let the family know. The office would phone the district nurse." However, three of the five care records looked at were for people at risk of skin breakdown as they were unable to move around independently. There was no risk assessment or information in care plans about pressure area management. We also looked at records completed by staff at the end of the care call visit. Of the three people at risk of skin breakdown, we saw that only one had a record to confirm pressure areas had been checked by care workers during their call visit and a body map had been completed by staff to record their concerns. We discussed this with the director and they told us that more detail would be added to the care records of people at risk of skin breakdown and staff would be asked to record whether they had checked people's skin integrity. The director told us, "Staff would always phone any concerns through to the office and it would then be logged against action taken." Staff confirmed this to us.

Staff told us they did not start working in peoples' homes until their pre-employment checks had been completed. These included references and disclosure and barring service (DBS) certificates being received by the provider. We looked at six staff recruitment records, which confirmed to us that staff had DBS and reference checks completed before they started working with people.

One person told us, "Occasionally my carer is rushed. She's told me that this is when she's had to do an extra call visit to cover staff sickness." Another person told us, "Overall things are fantastic; my carer is usually on time. The only times they are a bit late is when they have had to cover staff sickness. I'd usually get a call to tell me they are on their way." Operational officers told us that they scheduled the call visits to people and sent staff their rota. One operational officer told us, "We have enough staff to carry out all of the visits." We discussed how staff sickness or other leave absences were covered with the director. They told us, "We have sufficient staff for the visits. If we receive very little notice of staff sickness, this is when a staff member may undertake an additional visit at short notice. All calls are still undertaken and if a staff member is running slightly later than a person's usual visit time, then the office staff will inform the person." During our observations of office staff using the call monitoring system we saw that people were informed if their call was going to be slightly later than they expected.

Where care workers supported people to take their prescribed medicines it was recorded in their care plan. One relative told us, "I think my family member needs a bit

Good

Is the service safe?

more help with their tablets as sometimes I find them on the floor." We looked at their care plan and saw that it did not give staff any detail about the level of support the person required. We discussed this with the director and saw that immediate action was taken to contact relevant staff and more detailed written guidance was added to the person's care plan.

Care workers told us they had received training to administer peoples' medicines safely which included checks on their competence. Care workers told us that the policy said they could only give medicines if they had been dispensed into a PPP (Pharmacy Prepared Pack). However, care workers did say that they applied prescribed creams and administered eye drops which were not in the PPP. The director confirmed to us that, "Wherever possible, prescribed medicines would be requested in a PPP but there may be some items, such as creams, that would be applied by staff following the pharmacy label instructions."

We looked at three people's medicine administration records. Care workers were expected to record to sign the medicine administration record (MAR) sheet to confirm they had supported people to take their medicines. We saw that the record did not detail what medicine and dosage had been given. We discussed this with the director. We saw that they took immediate action to add details of 'what medicine' and 'dosage' to the MAR. They told us that the more detailed MAR would be used by all staff supporting people with their medicines by the end of September 2015.

Good

Is the service effective?

Our findings

People and / or their relatives told us they felt their family member's needs were met by staff that had the skills they needed for their job roles. One person told us, "I've had the same carer for over ten years. They know me well enough by now. I think they are effective in what they do for me."

Care staff completed a comprehensive programme of training to support them to meet people's needs. Care workers said they completed an induction when they first started to work in the service that prepared them for their role before they worked unsupervised. This included, completing a workbook, in-house training and working alongside a more experienced worker. Care workers told us that they completed training considered essential for their role, for example, how to safely move and handle people, safeguard people, medication administration and infection control. The director told us, "We are adding a taught first aid session to the training that staff do from October 2015 onwards, following recent changes in first aid legal requirements." Staff said their skills were regularly updated through refresher training. One care worker told us, "We have regular updates to refresh our skills, which is good. I have had a recent moving and handling update. There had been changes to using a slide sheet; there are now several types available. We were shown how to use this differently so you didn't have to keep rolling the person; it was a more comfortable procedure."

One person told us, "Sometimes my carer has had a new staff member with them and have asked me if it is okay is they work with them to learn. And another time, one of the office staff came to see if my carer was doing the job right. They were, but the office staff were just checking everything was okay." Staff told us that their knowledge and learning was monitored through a system of supervision meetings and unannounced 'observation checks' on their practice. Staff said they had regular meetings with their operational officer that provided an opportunity for them to discuss personal development and training requirements. Minutes of such meetings confirmed this to us.

Care workers we spoke with had some understanding of the principles of the Mental Capacity Act (MCA) 2005 and how this impacted on their practice. Care workers completed MCA as part of their dementia awareness training, and associated 'capacity' with dementia. Care workers would benefit from MCA training so they were aware that the Act protects anyone who lacks capacity to make certain decisions because of illness or disability. We discussed this with the director and they told us, "Thought will be given as to how we deliver dementia awareness and MCA training in the future. We will send out an MCA factsheet to remind staff about what and who it covers. We will revisit the MCA training with staff." Care workers knew they could only provide care and support to people who had given their consent. One care worker told us, "I always ask for permission before I do anything. I will say, I am going to make your breakfast now, or its time for your shower, is that alright with you."

If people required support with food preparation or assistance to eat and drink this was recorded in their care plans. One care plan we looked at showed the person was unable to eat independently, care workers we spoke with knew how the person liked to be supported to eat and drink. One care worker told us, "[Person's Name] finds it difficult to lift a mug or cup but if the drink is in a spouted beaker they can manage this themselves." Care workers we spoke with were not responsible for providing all the food and drink people required, as most people had family members who did this. Care workers knew how to monitor and manage people's nutrition and hydration if this was required.

One relative told us, "Staff made a referral for my family member because they needed a special mattress and bed. This was done quickly and we've just had it delivered." Care workers said they helped people manage their health and well-being if this was part of their care plan. Care workers told us they would contact the office for a telephone call to be made if a person needed a GP or community nurse to visit, if the person or a family member was unable to do this on their behalf. Records confirmed the service involved other health professionals with people's care when required including community nurses, occupational therapists and GPs.

Good

Is the service caring?

Our findings

One person told us, "I have used this agency for about ten years. If I didn't think they were caring toward me I'd change agency." Another person told us, "I've had the same carer for years. I think of them now as more of a mate, we're good friends. We have a laugh together." One relative told us, "The carers come into our house and give us a cheerful greeting. I like that and it is good for [Person's name]. We are very satisfied with the care provided."

Positive, caring relationships had been developed with people. One person told us, "They (staff) always do their best. I feel they listen to me." Another person told us, "My carers are really good, they have to do everything for me and they'll get what I want. If they are unsure about something, like how to move me, I can tell them and they listen to me. They don't just do things to me but have a caring approach."

Care workers told us they supported the same people regularly and knew peoples' likes and preferences. Care workers we spoke with had a good understanding of peoples' care and support needs. Care workers said they were allocated sufficient time to carry out their calls without having to rush and had flexibility to stay longer if required. We looked at the call visit schedules for four people who used the service and their main care workers. These showed people were allocated regular care workers at consistent times.

People and / or their relatives told us that they were involved in their care and support. One relative told us, "We had a meeting with the agency before they started the visits to [Person's Name]. We've felt involved." Operations officers and the director told us that when they received an enquiry from a person or information from the Local Authority to provide care and support, they undertook an initial assessment with the person and their relatives. Care records looked at reflected such involvement from people. The director told us that people were also given an opportunity to complete details about 'My Life' if they wished to do so. They said, "Some people decided to share their life story with carers and this has also promoted positive relationships with care workers valuing the person for all they have accomplished so far in their lives."

People told us that they always felt their privacy and dignity was maintained and respected by care workers as far as possible. One person told us, "The carer has to shower me as I can't manage on my own. I don't feel embarrassed with them helping me. They help wash me and then wrap me in a towel. I'd say they were respectful to me."

Care workers told us how they ensured people's privacy and dignity. One care worker told us, "I treat everyone how I'd want to be treated myself." Other care worker's comments included, "I make sure their bottom half is covered while I'm washing the top half." And, "I make sure the door and curtains are closed. I often leave people in the bathroom and wait outside. I ask them to let me know when they have finished. It's more respectful than standing over them."

Care workers said it was important for them to do a good job and to get to know the people they provided care and support to. One care worker told us, "Because we have regular clients you get to know people. If there is time I like to have a chat and a laugh, we are sometimes the only people they get to see." Another care worker said, "I love my job, customers are happy to see me which is such a good feeling. It's good to know you make a difference to people."

Care workers understood the importance of maintaining people's confidentiality. Care workers told us they would not speak with people about others, and ensured any information they held about people was kept safe and secure.

Good

Is the service responsive?

Our findings

People we spoke with felt the care they received was personalised to their individual needs. One person told us, “When I was struggling to put my wheelie-bin out I phoned the office and asked if the carer could do this for me. The office staff arranged this for me and now the carer does this for me.”

Office-based staff had responsibility for a specific geographic area which meant they got to know people that used the service in that area well. One staff member told us, “This helps us build relationships with people and be responsive to their needs.” Operational officers had responsibility for scheduling and allocating calls. Duty officers worked alongside operations officers responding to calls from people and staff. All staff spoken with had a good knowledge of the needs of people receiving a service.

People told us that generally they had the same care workers undertake their care and support. One person told us, “I know who to expect and what time they come. My carer is usually on time. If they are late, it’s not by much time and usually a traffic delay which happens. I’ve never been forgotten.” Care workers confirmed to us they had regular clients who had scheduled call visit times. They said they had enough time allocated to carry out the care and support required. We looked at call visit schedules for the people whose care we reviewed. Call visits were allocated to regular care workers and had been scheduled in line with peoples’ care plans. One schedule had travel time between most calls, others had a gap during the care workers’ schedule where travel time could be made up. Most care workers said they had some travel time included in their call visit schedules although care workers told us there was some inconsistency depending up on whether call visits were in a local area or more remote rural areas.

The service used an electronic monitoring system to schedule call visits to people. The system alerted them if staff had not arrived at a person’s home within the designated time. Operational officers could see on the system the times staff arrived and left people’s homes and would contact the staff member concerned if they received an ‘alert’ if staff had not arrived at the person’s home. The call monitoring system supported the operational officers and duty officers to re-arrange visits at short notice, if needed. This included any changes to visit call times at the request of the person to accommodate, for example, health-care appointments or to cancel visits if the person was admitted to hospital.

We observed that the duty officers responded quickly to telephone calls from people who used the service. For example, one person telephoned to say that their care worker had been and completed all the tasks required and had left them their hot breakfast but this had gone cold. They asked if their care worker could return to make a fresh breakfast. We observed that this was immediately responded to and arranged. Another telephone call was from a care worker about a person’s GP, which the care worker was following up with the office. Their responses showed the service was flexible to people’s needs.

Most people and / or their relatives felt that staff had a good understanding of their needs. However, one relative told us, “Overall I am happy with the service. Although I don’t feel that all of the carers fully meet my relative’s needs.” They told us about their family member’s needs and gave examples of some needs they felt were not always met.

Care workers we spoke with had good understanding of people’s care and support needs and told us they had time to read care plans that were always up to date. They said there was detailed information in care plans to inform them of what to do on each call visit. They said plans were reviewed and updated quickly so they continued to have the required information to meet people’s needs.

We looked at five people’s care records. We saw that care plans provided care workers with information about the person’s individual preferences and how they wanted to receive their care and support. Three care records that we reviewed were for people unable to move around without assistance. We saw that there was no care plan or guidance for staff about pressure area management and how to check people’s skin to ensure it remained healthy. However, care workers spoken with said they checked people’s skin and applied cream if prescribed to make sure skin remained in good condition. The director told us that staff completed a ‘body map’ of any areas of concern to them that they reported to the office. We saw examples of body maps used in one care record.

Care plans were reviewed and updated regularly and had been signed by people which showed they had been

Good

Is the service responsive?

involved in planning their care. One care record that we reviewed, although updated, did not fully reflect the person's care needs that their relative had told us about. We discussed this with the operational officer and director. They agreed that the reviewed care plan did not give the required level of detail to staff following changes in the person's health and support needs. We saw that immediate action was taken to add further detail and inform staff about this.

People and relatives told us they were asked for their feedback about the services provided. One person told us, "I've had someone visit me from the office to ask if everything was okay." Another person told us, "I've previously completed a feedback form they sent me, but I've also had telephone calls asking me if everything is okay."

People told us they had the information they needed to contact the office to raise a concern or make a complaint if needed. One person told us that they had previously made a complaint, "I feel that I was listened to and my complaint was fully dealt with. I've got no current complaints and am happy with how things were dealt with." Care workers said they would refer any concerns people raised to them with their operational officer and they were confident concerns would be dealt with effectively.

Good

Is the service well-led?

Our findings

Care workers told us they felt well supported by the management team. They told us they enjoyed their work and that the management team provided a positive culture where they felt valued and able to voice their opinions. For example, one care worker had suggested that it would be positive for people to receive a birthday card from the agency. This idea was listened to and the provider has enabled the staff member to implement this.

Staff told us they had regular meetings and one to one supervision with their operational officer. Most care workers said they were able to share their views and opinions in such meetings or when they visited the office. Staff comments to us about their work included, "I love my job, it's much more than a pay packet, it's very rewarding." And, "I really enjoy what I do." And, "I can't think of anything that could be improved. I love my job, it's the best job I've ever had."

The director explained to us that some people the agency supported lived in rural locations and during any spells of ice or snow in the winter months presented a challenge to staff reaching some people. The director gave us examples of their links with the highways commission and of previous requests for road salt so that specific areas could be treated to enable call visits to continue during any adverse weather conditions. Contact details of some local farmers were also held at the office so that in the event of a staff member becoming stuck in snow, for example, a farmer could be contacted to assist with their vehicle.

We found effective communication systems were in place. Operational officers and duty officers understood their roles and responsibilities and what was expected of them. Care workers knew who to report concerns to. Care workers told us they either received a telephone call, text or memo to update them with any changes to peoples' care needs or their call visit schedules.

All staff told us that they knew how to record any accidents or incidents that might occur. We saw that systems were in place for such recording and analysis. The director told us that no accidents or incidents had occurred.

The human resources officer explained to us how compliments, concerns and complaints were recorded and investigated. Numerous compliments had been received by the agency from people and / or their relatives that used the service. We were told that four concerns / complaints had been received during this year to date. We saw that complaints received were logged, investigated and had been resolved. There was no common theme identified to the concerns / complaints received, which were individual issues.

Quality assurance processes were in place. The director told us that formal and informal feedback was sought from people. These included telephone calls to people that were noted and any actions for change were recorded. Also, twice a year feedback surveys were sent to people and / or their relatives. We reviewed some of these and saw that these had been read and actioned on an individual basis. For example, where a person had identified something that could be improved upon, we saw a record of actions that were implemented in a timely way. We saw that feedback was also analysed for any common themes so actions could be taken, if needed, to improve the service provided. We saw that 97% of people who completed the feedback said they were 'completely happy' with the service provided and 99% said they felt safe and secure with the service provided to them.

We saw that people's information was stored safely and securely at the office so that confidentiality was maintained.