

121 Care & Mobility Ltd

# 121 Care & Mobility Limited

## Inspection report

98-100 FDS House  
Reeves Way, John Wilson Business Park  
Whitstable  
Kent  
CT5 3QZ

Date of inspection visit:  
03 April 2019

Date of publication:  
17 May 2019

Tel: 01227792249

Website: [www.121carekent.co.uk](http://www.121carekent.co.uk)

## 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:

121 Care and Mobility is domiciliary care provider that was providing personal care to people in their own homes. People receiving support had a range of needs including, the elderly, people that were living with dementia. At the time of our inspection there were 280 people receiving personal care.

People's experience of using this service:

- The provider had made changes to improve the service for people. Care plans had all been reviewed to make sure that they reflected the care that people needed and people told us that they had been involved with this.
- Care was person centred, achieved good outcomes and people were offered choice and involved wherever possible.
- People's care plans reflected their needs and preferences and staff could explain specific care that people required.
- People received care from staff who were well supported with induction, training and ongoing supervision.
- People knew how to complain and that any concerns would be listened and responded to by the provider. Actions were taken as a response to complaints.
- Feedback was sought and used to make improvements. Feedback from people, relatives, health care professionals and staff were all positive.
- Quality monitoring systems included audits, checks on staff practice and checks on people's satisfaction with the service they received, using questionnaires.
- The provider has systems in place to ensure they kept up to date with developments in the sector and changes in the law.
- Lessons were learnt and used to make improvements.
- The service was led by an experienced, competent manager who understood their role and responsibilities, as did staff. The service had a clear management structure and people had confidence in the manager and provider.

Rating at last inspection: At the last inspection the service was rated Inadequate (report published on 09 October 2018). This service has been in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

At this inspection on 3 April 2019 we found that sufficient progress had been achieved to meet all the breaches of regulations.

Why we inspected: This was a comprehensive planned inspection based on the previous rating.

Follow up: We will continue to monitor this domicillary care agency and plan to inspect in line with our re-inspection schedule for those services rated Good

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://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?

The service was Safe.

Details are in our Safe findings below

Good ●

### 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 Responsive.

Details are in our Responsive findings below

Good ●

### Is the service well-led?

The service was Well Led.

Details are in our Well Led findings below

Good ●

# 121 Care & Mobility Limited

## 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:

The inspection was carried out by one inspector. An expert by experience made telephone calls to people using the agency. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert had experience caring for an older person.

#### Service and service type:

121 Care and Mobility is a domiciliary care service. It provides personal care to people living in their own houses and flats. It provides a service to older people, people that were living with dementia and people with complex conditions such as Cerebral Palsy and Parkinson's Disease.

The service had a manager who was going through the process of being 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 2 days' notice of the inspection site visit because we required the registered manager to gain consent from people to contact them for feedback.

Inspection site visit activity started on 3 April 2019 and ended on that day. We visited the office location to see the manager and office staff; and to review care records and policies and procedures.

#### What we did:

Before visiting the service, we looked information sent to the Care Quality Commission (CQC) through notifications. Notifications are information we receive when a significant event happens, like a death or a

serious injury.

We reviewed eight people's care records, which included care plans, risk assessments, daily care records and medicines records. We looked at documentation that related to staff management and recruitment including four staff files. We also looked at a sample of audits, surveys, minutes of meetings and policies and procedures.

We gathered people's experiences of the service. We spoke to 12 people who used the service and 4 relatives. We looked at feedback given by people through the providers quality audit processes. We also spoke with the provider, manager and six members of staff. We received feedback from two external health and social care professionals.

# Is the service safe?

## Our findings

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

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

- At the inspection on 12 June 2018, 11 July 2018 and 12 July 2018 there was a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We issued a warning notice for this breach and required the provider to be compliant by 30 September 2018. This was because the provider had not fully reduced the risks to people's health and safety.
- At this inspection action had been taken to address concerns and the breach had been met. Risks to people's safety had been more robustly assessed, monitored and managed so they were supported to stay safe. Staff had been given more detailed guidance about how best to support people and they were following this guidance. Additional guidance had been provided to staff around infection control and staff had attended a refresher course in infection control.

Assessing risk, safety monitoring and management;

- Individual risks to people were identified and assessed and managed safely. Risk assessments were in place to provide guidance to staff how to reduce the risks to people and staff could tell us how they kept people safe. For example, from the risk of falls.
- Risk assessments included photographs of equipment that people used and visual step by step guidance about how it needed to be used.
- Environmental risks and potential hazards within people's homes had been identified and guidance provided to staff about how to reduce this risk.
- Choking concerns procedure had been added to support plans to make staff aware of what to do if there were concerns.
- The provider reviewed risk assessments each year or more often if people's risks changed.
- Information about how to evacuate someone from their home in the event of an emergency was within their support plan. It outlined what support would be needed and any equipment they may need.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to protect people from abuse and avoidable harm. Policies were in place and staff received training in this area.
- Staff understood their responsibilities to safeguard people. Staff were aware of the signs of abuse and knew who to inform if they witnessed or had an allegation of abuse reported to them. One staff member told us, "I would report anything that I had concerns about or felt wasn't being done correctly."
- People told us they felt safe. One person told us, "I feel very safe when the carers are here." A relative told us, "I know my relative is in safe hands when I leave her in their care."
- Any injuries to people were recorded, with appropriate action taken and the provider had notified the local safeguarding authority.

Preventing and controlling infection

- Since the last inspection additional guidance had been provided to staff within support plans about ensuring that a space within the kitchen was clean before beginning food preparation.
- Staff had received infection control training and understood that it was important to protect people from cross contamination. Staff were provided with appropriate personal protective equipment (PPE) including, gloves, aprons and hand gel to carry out their roles safely when on home visits. The provider kept sufficient stocks of PPE at their office which staff could access regularly.

#### Using medicines safely

- People taking medicines received them as required, with one person telling us, "I have not had any problems with my medications and creams."
- Staff were knowledgeable about people's requirements and could tell us about people's preferences in respect of how they liked to take their medicines.
- Medicine Administration Records (MAR) that we looked at recorded the medicines given with no gaps.

#### Staffing and recruitment

- People told us they thought there were enough staff. One person told us, "Staff always turn up when they say they will."
- Staff provided each person with care hours as agreed with the local authority who funded the care.
- People were supported by staff who the provider checked were suitable. Personnel files contained all the necessary pre-employment checks which showed only fit and proper applicants were offered roles. Checks included obtaining an employment history with references, obtaining a criminal records check, proof of qualifications, identification and address and a health declaration.

#### Learning lessons when things go wrong

- The manager and provider told us how they learnt from incidents where outcomes could be improved, for example working to ensure improvements in support plans. The manager had plans in place for positive changes and staff told us of how enthusiastic she was in the role.



# 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.

Good - People's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- At the inspection on 12 June 2018, 11 July 2018 and 12 September 2018 there was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the registered provider failed to provide appropriate support, training, professional development supervision and appraisal as is necessary to enable them to carry out their duties they are employed to perform.
- At this inspection action had been taken to address concerns and the breach had been met. Additional training had been completed by staff about how to use specific types of equipment.
- People were supported by staff who had the necessary knowledge, skills and experience for their roles through regular training in relevant topics such as infection control, first aid, medicines management and fire safety. One person told us, "The carers seem trained and skilled in what they do." Another person told us, "The carers are very competent."
- Staff had received an induction to their role. Rotas evidenced new starters worked alongside experienced staff to learn the role and staff told us they did this. New staff told us their induction was good.
- Staff told us they had received training and records showed all staff were up to date with their training. Since the last inspection training now also includes complex conditions such as Parkinson's, diabetes and epilepsy. All staff receive this training.
- People were cared for by staff who had regular supervision to discuss any issues and ensure they understood their role.
- Staff told us they were supported in their role and could ask for help and raise any concerns with the manager. One staff member told us, "I feel very supported by the team."
- Additional support was provided to staff who needed it to make sure that they were able to complete their training. One staff member told us, "I am dyslexic and have been supported to complete the training."
- The service was introducing a 'Mentoring System' whereby all new staff will be paired with a Care & Quality officer or Supervisor that they can go to for advice and support. The manager told us, "I aim to improve communication and support all staff so that they feel valued in their roles."

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

- At the inspection on 12 June 2018, 11 July 2018 and 12 September 2018 there was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the registered provider had failed to carry out an appropriate and effective assessment of people's needs and to plan their care or treatment in line with evidence based guidance with a view to achieving the person's preferences and ensuring their health and wellbeing needs had been met.
- At this inspection action had been taken to address concerns and the breach had been met. Additional assessments had been completed, such as Waterlow scores, to make sure that the service were providing

effective care.

- An initial assessment was completed with people to ensure care was planned and reflected people's individual needs and preferences. This included, but was not limited to health and wellbeing, mobility and related equipment, domestic support and equality and diversity needs. One person told us, "They visited before my care started to see what my needs were."
- Staff had a good understanding of people's needs and spoke knowledgeably about their preferences.
- The manager told us, "I will be supporting our office staff to ensure they understand the legislation and compliance that we are governed by."
- Care and Quality staff oversaw all aspects of medication and support planning and liaised with doctors' surgeries and pharmacists to make sure that people had their medication delivered correctly.

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

- At the inspection on 12 June 2018, 11 July 2018 and 12 September 2018 there was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the registered provider had not taken effective action to support a person's nutrition needs.
- At this inspection action had been taken to address concerns and the breach had been met.
- People received meals of their choice by staff when this was part of their agreed care. One person told us, "The carers leave juice and water at my side, they also make my hot drinks. They heat up my ready meals and I have not had any problems."
- Staff were aware of people's needs in relation to risks associated with eating and drinking. Staff followed guidance from healthcare professionals such as speech and language therapists. For example, one support plan showed that a person needed thickener in their drinks. There was guidance available to staff about how to prepare the drinks as well as how to safely support the person to drink it.

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

- Many people made their own arrangements to see healthcare professionals involved in their care. However, the provider supported some people to see healthcare professionals when they were unable to do this independently.
- Staff could tell us how they monitored people's health and what they would do if they became unwell. One person told us, "The advantage of having a regular carer is that she notices if I am not well."
- Staff received training to help them understand people's health conditions such as diabetes and Parkinson's disease.

Ensuring consent to care and treatment in line with law and guidance

- At the inspection on 12 June 2018, 11 July 2018 and 12 September 2018 there was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the registered provider had failed to record decisions taken under the requirements of the MCA.
- At this inspection action had been taken to address our concerns and the breach had been met. Mental capacity assessments had been completed when they were needed and details of these and people's capacity was recorded in their support plans. People had consented to their support plans.
- 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. People can only be deprived of their liberty to receive care and treatment with

appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. Mental capacity assessments had been completed and where people were deprived of their liberty, the registered manager had sought authorisation from the local authority.
- Staff received training in the MCA and our discussions showed they understood their responsibilities in relation to this.

# 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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

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

- At the inspection on 12 June 2018, 11 July 2018 and 12 September 2018 there was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the registered provider had failed to record person centred reviews of support plans.

- At this inspection action had been taken to address concerns and the breach had been met. People told us that they had been involved in their support plan reviews.

- People's overall wishes about the care they received were recorded in their care plans for staff to follow. One person told us, "I have a copy of my care plan. I find it quite accurate."

- People told us that they had been a part of their care plan and attended reviews. One person told us, "My care plan is reviewed annually with me."

- Staff shared that care plans were updated in the event of any changes. Another person told us, "My care plan has been reviewed with me along with the medication list and MAR chart." One staff member told us, "I can make changes to care plans if needed."

- The manager had referred people to advocacy services as appropriate. Advocacy services offer trained professionals who support, enable and empower people to speak up.

Ensuring people are well treated and supported; equality and diversity

- People and their relatives were positive about how staff provided personal care.

- People developed good relationships with the staff who supported them. One person told us, "The carers are wonderful; they ask if there is anything else required; they are polite, friendly and have a smile on their face." Another person told us, "The carers would do anything for me; they are very caring and helpful."

- One member of staff member told us, "I enjoy meeting people and giving something back to the community."

- The manager and staff were aware of the need to ensure people's diversity was respected and acknowledged.

- Staff understood people's backgrounds, needs and preferences through spending time with them and reading their care plans. One staff member told us, "I use care plans to understand what people want."

- People's protected characteristics under the Equalities Act 2010 were identified as part of their need's assessments. This included people's needs in relation to their culture, religion and sexuality. Staff completed training in equality and diversity.

Respecting and promoting people's privacy, dignity and independence

- People received dignified care and staff respected their privacy. One person told us, "They help me to preserve my dignity by letting me keep my back to them in the shower."

- Staff received training in confidentiality and understood their responsibilities in relation to this.
- People were supported to maintain their independence, so they could live in their own homes for as long as possible. One relative told us, "They try to let my relative be as independent as possible." A staff member told us, "It's important for people to stay in their own homes and continue to see their own things."
- The manager told us, "Our staff promote independence and stay committed to enabling people to remain in their own homes which has a massive impact on their quality of life."
- People's confidentiality was supported and people's personal information was stored securely.
- Staff files and other records were securely locked in cabinets at the provider's offices to ensure that they were only accessible to those authorised to view them.

# Is the service responsive?

## Our findings

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

Good: 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

- At the inspection on 12 June 2018, 11 July 2018 and 12 September 2018 there was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the registered provider had failed to ensure people's care documents were kept up to date.

- At this inspection action had been taken to address concerns and the breach had been met. Since the last inspection all care plans had been reviewed. During our inspection we saw that support plans had been updated if there was a change to a person's needs.

- Support plans were in place and these included but were not limited to; health and medical information, support needs, equality and diversity and social needs.

- People's support plans were detailed, accurate and reliable for staff to follow and all had recently been reviewed by the provider.

- People told us they received care that was personal and responsive to their needs. Relatives told us that they were invited to and attended meetings in relation to care provided. One relative told us, "[My relative's] needs have changed so it was reviewed. We have a copy of the care plan."

- At the last inspection we made a recommendation that the registered provider reviews their approach to compliance with the Accessible Information Standard.

- At this inspection we looked at how the provider complied with the Accessible Information Standard (AIS). This is a legal requirement to ensure people with a disability or sensory loss can access and understand information they are given. Information such as the complaints procedure was available to people in a format they could read including large print and Braille if it was requested.

Improving care quality in response to complaints or concerns

- People told us that they knew how to complain and would do so if they needed to. One person told us, "I have the number of the office if I needed to complain."

- People had confidence any concerns or complaints would be responded to well by the manager. One person told us, "I feel the company deal with things I raise well."

- The provider had a complaints policy and procedure. Written information about how to raise a complaint was available to people, this in accessible formats when needed.

- Staff were aware of the procedure to follow should anyone raise a concern with them.

- We saw that complaints were dealt with appropriately, with written responses provided for formal complaints and copies of all correspondence kept.

End of life care and support

- At the time of our inspection, no one was receiving end of life care.

- A section has been added to the support plan around end of life care. This allowed people to talk about

anything they wished for at the end of their life.

- Staff received end of life training. The manager told us that if the service was providing someone with end of life care then a staff member who had received training would support them.
- Relatives praised staff around end of life care that had been provided. "Staff stayed with [person] on their last day."
- The manager told us if they were supporting someone on end of life care staff would work alongside the district nursing team.

# 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

Good - 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;

- At the inspection on 12 June 2018, 11 July 2018 and 12 September 2018 there was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We issued a warning notice for this breach and required the provider to be compliant by 30 September 2018. This was because the registered provider had failed to ensure the systems in place to regularly assess and monitor the quality and safety of the service
- At this inspection action had been taken to address concerns and the breach had been met. New processes were in place to monitor quality.
- The manager had started the process of becoming registered with CQC. The manager had worked at the service for three years and knew the service well. They had recently been promoted to manager.
- People and staff told us the service was well-led by the manager. Every person we spoke with praised the management team. One person told us, "The manager does all she can to help."
- Quality assurance systems, such as audits, checks and daily monitoring had been implemented. For example, audits were completed on medication, equipment safety and infection control.
- The registered manager said they were supported by the provider and we saw a representative of the provider present throughout the inspection.
- Registered managers and providers are required to notify CQC about events and incidents such as abuse, serious injuries and deaths. The provider had understood their role and responsibilities, had notified CQC about all important events that had occurred and had met all their regulatory requirements.
- It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had displayed a copy of their ratings and it was on the provider's website.
- Staff were knowledgeable in their roles and told us they felt supported by the managers and providers who were approachable.

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

- There was a caring culture in the service and people and staff were positive about the new manager and provider.
- The provider and manager demonstrated a commitment to ensuring they provided person centred and high-quality care. The manager told us, "It is very important to me that our Service Users are safe, happy and



have the highest quality of care."

- The provider and manager were proactive in making improvements and demonstrated this in their response to any questions we raised at our inspection. Both were responsive to feedback during our inspection. Responses to complaints which had been made had demonstrated their duty of candour.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People had been asked about their views and experience of using the service. We saw the results of a recent customer satisfaction survey, which was positive overall. The manager was in the process of sending out new questionnaires. She told us, "I will be conducting surveys shortly to go out to all staff and Service Users in order to identify any shortfalls and put an action plan in place to rectify these. These will be regularly reviewed to ensure continuous improvement is made."
- The provider held regular staff meetings. The format of these meetings had recently changed as staff turnout had been low. There were now team meetings for each geographical location. Staff told us these were now useful and more beneficial than before as it allowed the focus to be on things that were specific to an area.
- The staff team worked in partnerships with other community agencies. For example, the service worked with carers support groups to avoid breakdowns of relationships and provide family carers with a place to go for support.
- The manager was part of a local registered managers' forum and the service was registered with membership organisations.

Continuous learning and improving care

- The manager told us how they had plans to improve the service and felt that the service was improving from the previous inspection.
- The manager told us, "I have a strong passion for delivering excellence and will not except anything less."