

Mobelle Home Care Limited

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## Inspection report

23 Tempsford Road  
Sandy  
Bedfordshire  
SG19 2AF

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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?	Requires Improvement ●

# Summary of findings

## Overall summary

Mobelle provides personal care and support services to older people living in their own homes. At the time of our inspection the provider was supporting up to 20 people.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The provider had basic risk assessments in place which were regularly reviewed, but needed to ensure that more detailed risk assessments were in place when people's needs changed.

The service had a safeguarding procedure in place. Staff and the provider took safeguarding concerns seriously, but the provider was not aware of their duty to notify the CQC when incidents occurred. Staff we spoke with however demonstrated a good understanding of safeguarding issues.

There was a robust recruitment procedure to help ensure the staff recruited were suitable to work with the people using the service.

Staffing levels were sufficient to provide the level of care required by people.

There was a robust induction programme, which included mandatory training, shadowing and buddying with an experienced worker. Staff demonstrated good understanding of their roles and responsibilities.

The service demonstrated a commitment to staff training, which was on-going and regular refreshers were undertaken. Staff were given positive encouragement to undertake further, more specialised training appropriate to the work.

Supervisions were undertaken regularly and considered important in offering an opportunity for discussion between staff and management about on-going work issues. Professional Development Reviews (PDR) were held annually to ensure learning was reviewed and training needs were met.

Care files were clear and comprehensive and contained relevant health and personal information. They were person-centred and included individuals' goals, wishes and achievements. The service was flexible and responsive to changing needs, desires and circumstances.

Confidentiality was respected and independence was promoted.

Communication with relatives was on-going throughout the duration of their relative's involvement with the service. Feedback was regularly sought from families and users of the service.

Comments were encouraged formally and informally and there was a complaints policy in place.

Team meetings were regularly undertaken, giving staff the opportunity to discuss any issues and to share good practice examples.

A number of audits were undertaken.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was always safe.

Risk assessments were in place, but some lacked detailed information of how staff should support people safely. However, the provider took urgent action to update these.

Staff were aware of how to safeguard people from the risk of harm.

There was sufficient staff to meet people's individual needs safely.

People were supported to manage their medicines safely.

There were robust recruitment systems in place.

### Is the service effective?

Good ●

The service was effective.

People's consent was sought before any care or support was provided.

People were supported by staff that had been trained to meet their individual needs.

People were supported to access other health and social care services when required.

### Is the service caring?

Good ●

The service was caring.

People were supported by staff that were kind, caring and friendly.

Staff understood people's individual needs and they respected their choices.

Staff respected and protected people's privacy and dignity.

### Is the service responsive?

Good 

The service was responsive.

People's needs had been assessed and appropriate care plans were in place to meet their individual needs.

People were supported to maintain their independence and pursue their hobbies and interests.

The provider had an effective system to handle complaints.

### Is the service well-led?

Requires Improvement 

The service was not always well-led.

The registered manager was not aware of their responsibility to report concerns to the CQC.

Staff felt valued and appropriately supported to provide a service that was safe, effective, compassionate and of high quality.

Quality monitoring audits were completed regularly and these were used effectively to drive continual improvements.

People who used the service and their relatives were enabled to routinely share their experiences of the service and their comments were acted on.

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## **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.

The inspection took place on 28 June 2017, when we visited the offices. We gave 24 hours' notice to the service because the location provides domiciliary care and we wanted to be sure a member of the management team would be available. We carried out telephone interviews of people who used the service, relatives and staff on 1 August 2017.

The inspection team consisted of one inspector from the Care Quality Commission.

Before the inspection the provider completed 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 also reviewed information we held about the service in the form of notifications received from the service.

We spoke with three people who used the service in order to gain feedback from them and one relative. We also spoke with three members of staff. We spoke with the registered manager on the day of the inspection. We looked at records held by the service, including five care files and three staff files in order to review training and supervision records, and how people's care was being managed. We also reviewed the providers quality assurance processes.

# Is the service safe?

## Our findings

People we spoke with felt safe while being supported by staff from Mobelle. One person said, "Yes I feel quiet safe, [carers] lift me from my bed using the hoist, I feel very safe." A second person said, "Oh yes, I am very safe." A relative we spoke with also felt the same, they said. "[Staff] kept [relative] very safe, so much so that we have asked to use them for [another relative]."

Staff we spoke with told us that they supported people to stay safe in their homes. One member of staff said, "We look after people very well, we get a lot of training to help us keep them safe." While a second said, "I have had training on safeguarding. We are lucky we haven't had any incidents, but we know what to do if something happened."

We saw from documents provided that the provider had up to date safeguarding and whistleblowing policies. These gave guidance to staff on how to identify and report concerns they might have about people's safety. Whistleblowing is a way in which staff can report concerns within their workplace. When we spoke with staff, they told us that they knew how to recognise and report any concerns they might have about people's safety. Staff we spoke with said that if they had concerns, they would report them to the registered manager. We saw that where staff had raised concerns with the provider, this was recorded on the person's care plans and where required, action was taken.

The provider had completed general risk assessments for people using the service, such as environmental risk assessments. We did however find that these did not always contain sufficient details about the risk, control measures and actions required by staff. For example, we saw that where a person had been identified as being prone to falls, a detailed falls risk assessment was not put in place to assist staff in supporting the person safely. When we highlighted this to the manager, they informed us that they would ensure that more detailed assessments were put in place. When we made calls to staff at a later date we were told that the provider had already included detailed risk assessments for people who were at risk. One member of staff said, "We don't have people who are high risk, but [registered manager] has added more risk assessments to folders since you visited them."

Staff employed by the service had been through a thorough recruitment process before they started work to ensure they were suitable and safe to work with people they supported. One member of staff said, "Yes, The recruitment process was thorough, they wouldn't let me start until I had completed the care certificate." Records showed that all necessary checks were in place and had been verified by the provider before each staff member began work. These included reference checks, Disclosure and Barring Service (DBS) checks and a full employment history check. This enabled the manager to confirm that staff were suitable for the role to which they were being appointed.

People we spoke with told us that they were supported by a consistent group of staff. One person said, "We have about half a dozen ladies that visit, I always know who's coming and they are very pleasant." A second person said, "Yes it's generally the same people, I can't fault them." One member of staff said, "We know the people we support because we tend to always have the same people."

Care documents contained detailed medicines records which instructed staff on how prescribed medicines should be given, including medicines that should be given 'as and when required' (PRN) and how a person should be supported. Medicines Administration Records (MAR) showed that medicines had been administered as prescribed. We also saw that each care plan contained a detailed list of people's medicines and provided staff with information about the medicine and why it was required, along with side effects to watch for. Staff told us that they were continuously monitored in how they managed people's medicines and their competency assessed. One member of staff said, "I sometimes work with [registered manager] so don't realise I am being spot checked."



## Is the service effective?

### Our findings

People received care and support from staff that were trained, skilled, experienced and knowledgeable in their roles. One person we spoke with said, "Yes they are well trained. They were only telling me last week that they had been on training and they have to do it every year." Records we reviewed showed that staff had received appropriate training in areas such as medication, first aid, end of life care, and mental capacity. Staff we spoke with confirmed to us that the training provided aided them to effectively care for people. One member of staff said, "Yes, we get lots of training, they are very good like that."

Staff we spoke with told us that they had received supervision and shadowing opportunities, and the records we looked at confirmed this. Staff said that supervision gave them an opportunity to discuss any issues and concerns with the registered manager. One member of staff said, "We get regular supervisions and talk through things, but we also have meetings to discuss things as a group."

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 noted that staff understood the relevant requirements of the MCA, particularly in relation to their roles and responsibilities in ensuring that people consented to their care and support. Staff we spoke with demonstrated an understanding of how they would use their MCA and DoLS training when providing care to people. We also saw that policies and procedures were available for staff to look at if they needed further guidance.

Staff were able to support people with maintaining their health and wellbeing through ensuring that they attended their appointments. Although people we spoke with were not supported by staff to attend appointments, they did tell us that staff would support them by changing visit times or assisting them to prepare for appointments.

Staff supported people with nutrition and hydration and this was reflected and detailed in the person's care plan. Where people were not supported with meals, they told us that staff would leave them with drinks and snacks. One person said, "I don't get supported with meals, I am fortunate enough to have support from [relative], but I am sure they would help me if I needed it." A member of staff also said, "We do support people with nutrition and we will help them with meals. We never prepare the same meal every day unless they want it, but we will let [registered manager] know. We also check if food has gone out of date and will leave a drink for them."

## Is the service caring?

### Our findings

We were told that interactions between staff and people who used the service were kind, caring and compassionate. One person said, "They are excellent, so caring and I can't express how pleased we are." A second person said, "It's been lovely, like a breath of fresh air." While a third person said, "[Staff] are lovely, a pleasure to have in the house."

From our discussions with staff and the registered manager, we found that they were caring towards people they provided support to. One member of staff said, "We are caring, we really try our best."

The registered manager gave us examples of ways in which they and staff worked with people to provide a caring service. The manager said, "We have been out to people in the middle of the night because they needed [unscheduled personal care]." They told us that they supported people's families as well as the person using the service. The registered manager explained that when a person they supported was in hospital they continued to support their relative. They said, "[Person's relative] is alone so we pop in during the day to see him. We went and had breakfast with him." The registered manager went on to say, "The family [of person using the service] sometimes needs help, they can get sad. We try and keep the relatives' morale up because it reflects on the people we are supporting."

Staff were able to speak with us about what people's preferences were and how people wanted to be supported. One member of staff said, "We know them well, so we can tailor the support with what they like." A person using the service also said, "I have a carer and I really get on with them, it's not that the other carers are not good, but we have lots in common. We talk about politics, sports and other things."

Staff promoted people's choices and enabled them to be independent where possible. They respected people's dignity and ensured that they had privacy when being provided with personal care. A person using the service told us, "The staff are very respectful, they use what is called a 'dignity cloth' when they help." This person also said, "When staff help me onto the commode, they will go into the kitchen to give me some privacy, they are very good like that." Staff also confirmed this and told us how they would respect people's dignity but closing curtains and doors while providing personal care.

People confirmed that they were involved in making decisions about their care through regular reviews and discussions. One person using the service said, "The reviews are on-going really, [registered manager] calls us every week to check if we need anything changed." The registered manager also confirmed that regular reviews were undertaken of care plans to ensure that the service being provided met with people's expectations and where changes were made, staff were informed prior to visits. The care records we looked at showed that people were involved and supported to make decisions affecting their care. People said that their views were listened to and staff supported them in accordance with what had been agreed with them when planning their care. One person said, "They do a survey every six weeks to make sure we are getting the service we are paying for."

## Is the service responsive?

### Our findings

People who used the service had a variety of support needs which had been assessed prior to being supported by the service. We saw that assessments were carried out prior to people being supported by the service and these were used to create the care plans. One relative said, "They carried out assessments before [relative] was supported and we were able to agree the service we wanted from them."

We saw that appropriate care plans were in place so that people received the care they required to meet their needs. One person said, "I find them very good, I can't fault them. They go with what I want, for example last week was [family celebration] so I wanted them to come later and they were fine with it." Another person said, "They are very flexible, let me tell you about the other night. I needed to go to the toilet so I called [registered manager] and she sent someone over to help me, they do things like that for me." A member of staff we spoke with also confirmed this, they said, "I was asked to go out the other night because [person] needed to use the toilet. It wasn't part of the package, but it's not fair to leave them like that so we do it." This showed that the care provided was person centred and that it reflected people's needs, choices and preferences. We saw that regular updates were made to care plans, and relatives and people were kept informed of any changes in people's care through regular review meetings and daily records. One relative said, "The care is better than in hospitals, the care staff are better than hospital nurses."

People using the service and their relatives had been involved in planning their care and in the regular reviews of the care plans. We saw that reviews were recorded and where necessary updates made to care plans to reflect people's changing needs. One person said, "They ring us weekly and visit once a fortnight to check everything is ok. I have a direct line to [Registered manager]."

The provider had a complaints policy and procedure in place and people were made aware of this when they joined the service and through regular feedback. People we spoke with knew who they needed to talk to if they had any issues or concerns. People told us that they would feel comfortable raising any concerns they might have about the care provided. One person said, "I have never had any reason to make a complaint, if I wanted to I would." The provider had not received any complaints for us to review.

## Is the service well-led?

### Our findings

The service had a registered manager in place who regularly attended calls and supported people. Staff told us that the registered manager supported them within their roles and acted on any concerns they had. People using the service also told us that they had contact with the office and knew who to go to if they had any queries. One person said, "You know [registered manager] also she does the calls, so she's always available."

During the inspection we went through the registered manager's responsibilities for notifying the CQC of incidents and actions that occurred in the service which could include safeguarding and medication errors. We discussed incidents when the provider would be required to submit safeguarding alerts and notifications to the CQC. The manager was not fully aware of their responsibilities under their registration. They had also not reviewed the provider policies in relation to reportable incidents. We raised this with the manager who told us that they would ensure they familiarised themselves with the processes. We noted that after the inspection visit the registered manager took time to understand their role further. They told us, "I have always concentrated on the care side, but I need to start thinking like a provider now." Although the registered manager's lack of knowledge in this area had not had an impact on the service because such incidents had not occurred, it was still necessary for them to understand what was required of them.

The provider demonstrated an open and transparent culture throughout our meeting with them. The registered manager had an open door policy which meant that staff felt empowered to raise any concerns. The registered manager also encouraged staff to do their best and supported them to provide good care through best practice guidance. We saw feedback received from one family which stated, "My family are so grateful for all your kindness, way beyond the call of duty."

We saw that staff were invited to regular team meetings which discussed staff performance, best practice and any changes in policies. All the staff we spoke with confirmed that they were invited to the meetings and where they were unable to attend, they would be sent the meeting minutes to review.

Staff knew their roles and responsibilities well and felt involved in the development of the service. They were kept informed of changes in the organisation through e-mails and monthly meetings. The registered manager spoke to us about their commitment to ensuring they were able to provide a service which was fit for purpose for the people being supported and also looked after staff's wellbeing.

There was evidence that the provider worked in partnership with people and their relatives so that they had the feedback they required to provide a service that met people's needs and expectations, and was continually improving. The manager regularly sought people's views about the quality of the care. This was done on an informal basis because the manager would visit people as part of their care agreements. The manager said, "People know me very well and I see them regularly to support them. When I am visiting them, I will check that everything is ok. They all have my number."

The manager had completed a number of quality audits on a regular basis to assess the quality of the

service provided. These included checking people's care records and staff files to ensure that they contained the necessary information and that this was up to date. We found that they had kept robust, up to date records that reflected the service provided at the time of our inspection. Records were stored securely and were made readily available when needed.