

Mobile Care & Domestic Services Ltd

Mobile Care

Inspection report

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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

We undertook an announced inspection on 16 March 2016.

We gave the provider 48 hours' notice of our intention to undertake an inspection. This was because the organisation provides a domiciliary care service to people in their homes and or the family home; we needed to be sure that someone would be available at the office.

The provider registered this service with us to provide personal care and support for people with a range of varying needs including dementia, who live in their own homes. At the time of our inspection 34 people received support with personal care.

There was a registered manager for this service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered providers and registered managers 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.

People and their relatives said they were well supported by the staff and the management team. They told us staff were caring and treated them with dignity and respect. People were supported to eat and drink well when identified as part of their care planning.. Relatives told us they were involved in the support for their family member. People and their relatives told us staff would access health professionals when they were needed.

Staff we spoke with recognised the different types of abuse. There were systems in place to guide staff in reporting any concerns. Staff were able to explain how to manage people's individual risks, and were able to respond to peoples' needs. People were supported to receive their medicines by staff that were trained and knowledgeable about the risks associated with them. Staff knew people well, and took people's preferences into account and respected them. The management team were adaptable to changes in peoples' needs and communicated changes to staff effectively.

Staff had up to date training to support people. Staff were knowledgeable about ensuring people gave their consent to the support they received. They worked within the confines of the law which meant they did not treat people unlawfully. There were no applications to the court of protection to deprive people of their liberty.

People and their relatives knew how to raise complaints and the management team had arrangements in place to ensure people were listened to and action taken if required. We saw that complaints were actioned and the outcomes agreed.

The management team had systems in place to monitor the quality of the service. However these systems were not consistently completed, therefore the quality of the service was not always effectively monitored. The management team had not sent notifications to the care quality commission relating to safe guarding

concerns. These notifications are a legal requirement for registered services. People and staff told us that the service was well managed, and the management team were approachable and would take action when needed. The culture of the service was open and inclusive; the deputy manager told us that it was important that people using the service felt listened to.

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 safe

People benefitted from support received from regular staff that knew their needs and managed their identified risks. People were supported to have their medicines as their doctor prescribed.

Is the service effective?

Good ●

The service was effective

People were supported by staff who knew how to meet their needs. People received support from staff that respected people's rights to make their own decisions, where possible. People were supported to access health care when they needed to.

Is the service caring?

Good ●

The service was caring

People benefitted from caring, knowledgeable staff who provided support in an inclusive way. Staff respected peoples' dignity.

Is the service responsive?

Good ●

The service was responsive

People were involved in their care and support, which was regularly reviewed. Relatives felt included in plans for their family member. People and their relatives were confident that any concerns they raised would be responded to appropriately.

Is the service well-led?

Requires Improvement ●

The service was not consistently well-led.

The management team did not consistently complete the checks they had put in place to ensure the quality of care provided. People, relatives and staff felt supported by the management team.

Mobile Care

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 was an announced inspection which took place on 16 March 2016 by one inspector. The provider was given 48 hours' notice because the organisation provides a domiciliary care service and we needed to be sure that someone would be available.

We looked at the information we held about the provider and this service, such as incidents, unexpected deaths or injuries to people receiving care, this also included any safeguarding matters. We refer to these as notifications and providers are required to notify the Care Quality Commission about these events. We spoke with the local authority about the service mobile care provided.

We spoke with four people, and one relative. We spoke with nine staff and the deputy manager. We also spoke with a specialist nurse who had been involved with people who used the service.

We looked at the care records for four people including medicine records, four staff recruitment files, training records and other records relevant to the quality monitoring of the service.

Is the service safe?

Our findings

People we spoke with said they felt safe because they received the support they needed by staff who listened to them. One person told us, "I feel in control of my life and safe with the support from the carers (staff)." Another person said about staff, "They will spot something I might have missed which makes me feel safe." A relative we spoke with said, "They (staff) do everything very well, and really listen to us."

People told us staff arrived when they were meant to and always let them know if there were any delays. People didn't always know who would be arriving but they said it was usually from a small pool of staff that they had already met. One person said even if they didn't know the member of staff, the staff member would have been briefed about their needs. Staff and the deputy manager said they had enough staff to meet the needs of people using the service. The management team said they regularly visited people using the service and provided the 'hands on' care for them. This ensured that they really knew people well, which improved the delivery of safe care. Staff told us they had regular calls and they provided continuity of care where possible. People and their relatives we spoke with said communication at all levels was really good. One relative told us, "They (staff) never let us down, they always let us know if there are any problems."

The management team explained their responsibilities to identify and report potential abuse under the local safeguarding procedures. We saw that any concerns raised had been reported to the local authority in a timely way. However these concerns had not consistently been reported to the Care Quality Commission in line with legislation. All the staff we spoke with had a clear understanding of their responsibility to report any potential abuse and who they could report it to. They told us training on potential abuse and safeguarding concerns was reviewed in training updates to support their knowledge.

People told us the management team had discussed their care needs with them. This included identified risks to their safety and welfare, for example supporting with administering medicines, and supporting people to mobilise. Staff gave examples of how they managed risks to people while maintaining people's independence as much as possible. For example, one person needed a specialised piece of equipment to support them. We saw that this had been assessed and clear guidance given to staff in the care plan. Staff we spoke with had received training for the piece of equipment at the person's home to ensure staff were able to safely support the person. Staff said they read people's care plans and looked at their daily notes so they were aware of what support the person needed and what support people received. One member of staff said, "I always say hello and then they know I am going to have a look at what's been happening with them before we start." Staff were aware of how to manage people's risks and could describe how they kept people safe.

Staff told us they completed application forms and were interviewed to check their knowledge and skills before they were employed. We saw records of checks completed by the registered manager to ensure staff were suitable to support people before they started work at the service. They checked with staff members' previous employers and with the Disclosure and Barring Service (DBS). The DBS is a national service that keeps records of criminal convictions. This information supported the registered manager to ensure suitable people were employed, so people using the service were not placed at risk through recruitment practices.

Some people needed support with their medicines. People we spoke with said they had their medicines as prescribed. They said this was discussed with them and they were included in decisions about how they were supported. One person said, "They help me with what I can't do anymore." We saw people's plans guided staff in how to support people with their medicines. Staff told us that these plans were updated when needed and they were aware of any changes. Staff said they had received training about administering medicines and their competency was assessed regularly. Staff told us they felt confident when administering medicines to people.

Is the service effective?

Our findings

People we spoke with said staff knew how to support them. One person told us they were involved when new staff started because they came and did shadowing at their home. They enjoyed meeting new staff and had agreed with the management team that they were happy for this to happen. A relative said, "Staff know what they are doing, I know they have regular training."

Staff told us that they had received an induction before working independently with people. This included training, reading people's care plans, as well as shadowing with experienced staff. Staff said they were well supported and confident with how they provided support for people using the service.

Staff told us they were prepared and had received training in all areas of care delivery. They were encouraged to complete training to improve their skills on a regular basis. One member of staff said that they were well supported to complete their vocational training, and they were very proud of achieving this. Staff told us they had regular supervisions. The specialist nurse we spoke with said they had supported the service with specialist training. The management team told us staff had received training about the Mental Capacity Act 2005 (MCA); it was incorporated in other training provided. The deputy manager said that they were arranging MCA specific training to update staff knowledge.

The 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 when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA. Any applications to deprive someone of their liberty for this service must be made through the court of protection.

People told us staff always checked that they were happy to be helped. One relative we spoke with said, "They (staff) always ask before they do anything, they don't take the lead my (family member) does." Staff we spoke with told us they were aware of a person's right to say no to their support. They had an understanding of the MCA, and explained how that influenced their practice to support people to make their own decisions as much as possible. Staff told us they always ensured people consented to their care. They were aware of who needed support with decision making and who would be included in any best interest decisions for people. The deputy manager had an understanding of the MCA and was aware of her responsibility to ensure decisions were made within this legislation. For example, we saw that best interest decisions had been made for people who needed support with making some decisions. The deputy manager had involved the mental health team during this process to support people's well-being.

The management team had not made any applications to the Court of Protection for approval to restrict the freedom of people who used the service. They were aware of this legislation and would seek advice if they

needed to.

Some of the people we spoke with needed support with meal preparation and shopping. They said they were always offered a choice and were encouraged to maintain a healthy diet. We saw peoples preferences were clearly documented in their care plans. Staff we spoke with were able to tell us about peoples choices which we saw were reflected in peoples care plans.

People told us they received support with their all aspects of their health care when they needed it. Staff had involved other health agencies when required. For example, staff told us they had contacted the district nurse team when one person needed extra support. One person said that staff would always call the doctor for them if they needed them to. We saw each person had their health care needs documented, and staff could describe how they met those needs.

Is the service caring?

Our findings

People and relatives were positive about staff and the management team. One person said about the staff, "They are absolute angels". Another person told us, "They treat me as a friend." A further person said, "I am perfectly satisfied, they are good friendly people." One relative we spoke with said, "Very good, they do very well."

People and relatives felt they had a say in which staff supported them. The management team always checked to see if the people receiving the service were happy with the support from staff. One person told us they had not got on so well with one member of staff, "A clash of personalities." They only saw them once because the office staff ensured the staff member did not support them again. The management team had a good understanding that people needed to build relationships with staff. We saw that for each member of staff there was a personal profile that recorded relevant knowledge about the member of staff. This supported the management team to match staff with people who used the service.

People said staff supported them to make their own decisions about their daily lives. One person told us, "They are so good to me; they all go above and beyond the call of duty." They went on to say that staff listened and would do as they asked. Another person told us how supportive staff were when they became unwell. They said they could ring the office staff just for a chat or reassurance which supported their well-being. Relatives said they were involved with their family members care planning and they felt listened to. One relative told us about a particular member of staff that really connected with their family member. They said that the member of staff was able to, "Have a bit of fun, because they get on so well." The relative went on to say all the staff were very good; however one particular member of staff had "an extra special" rapport with their family member.

People told us they received support from regular staff who knew them and their needs well. Relatives said their family members were supported by a team of staff. This reassured people that staff knew their needs and were familiar to them. Staff could describe how well they knew the people they supported. People benefited from regular staff that really knew them well.

People said staff respected their dignity. One person told us, "They always wait outside the door whilst I am washing; it's good to know they are there and nice to have my privacy." One relative told us about staff, "They always check that my (family member) is happy to go onto the next thing." Staff we spoke with showed an awareness of people's human rights, explaining how they treat people as individuals and support people to have as much choice as possible. One member of staff told us how they warmed one person's clothes on the radiator whilst they were supporting them with washing. They said that the person really enjoyed putting on warm clothes; they said "It's the little things that really matter."

People's needs, preferences and how much they could do for themselves was assessed as part of the planning for their care and support. One person told us how their care plan had been updated with their involvement and how the service had improved over the last twelve months. Staff were aware of people's ability, and were adaptable for people whose ability may fluctuate. Staff said the management team

communicated with all of them to ensure they knew about any changes with a person's care needs. One relative told us in their experience that communication was really good on every level of the service.

Is the service responsive?

Our findings

People we spoke with said they were involved in planning their care. One person said, "I have had a say from the beginning and they come out regularly and check that it's all working properly." Another person told us, "They know what I like and listen to me." Relatives told us they had been asked for their information when planning their family members care. People we spoke with said staff understood their needs and provided the support they needed.

Staff knew about each person's needs, they said they knew people really well and right from the beginning they were given all the information they needed to support people. They could describe what care people needed and we saw this was reflected in people's care plans. We looked at care records for four people and could see people's likes and dislikes were recorded for staff to be aware of. People we spoke with confirmed that their individual needs were met. Where more complex needs were identified, staff were aware of how to support the person. Staff told us they were kept up to date with any changes in the support people needed.

People said they felt they were supported by regular staff who spent the right amount of time with them. One person told us how staff would stay "as long as it takes," and sometimes this was over their agreed time. Staff we spoke with said they would spend time to support people with everything they needed. People said they received support that was flexible to their needs. For example, one person told us their care needs had increased. They said they were supported with extra calls as they needed them. Another person told us about staff, "They are flexible; if we finish early they will ask me if there is anything else they can do."

People told us they had regular reviews of the care they received. People felt able to say if anything around the support they received needed changing or could be improved. Relatives we spoke with said they were involved in reviews and were assured that their views were listened to.

We saw people were asked to share their views about their experience of the service and the quality of their care through satisfaction questionnaires. We saw that 90% of the responses were good or excellent. The deputy manager told us where the feedback was less than good the management team had followed up with the person to investigate how to improve the service. We saw that changes had been made in response to concerns raised. For example, one person had the time allocated for their visit changed.

The people we spoke with said they felt comfortable to raise any concerns, and knew who to speak to. One person said, "If there was a problem I would ring the office, they have always sorted any little niggles straight away." Another person told us, "They are not always perfect but they will take on board what I say." They said they had a good relationship with the management team, and were confident to discuss any concerns about all aspects of their care provision. One person told us about a complaint they had made, they said that appropriate action was taken and the concern resolved. Relatives said they were confident to speak to any of the staff if they had any concerns. There were clear arrangements were in place for recording complaints and any actions taken. One member of staff told us that when concerns were raised the management team investigated and took action and shared the learning with staff. For example, they said that a reminder would go out to staff on the weekly memo if staff had not been following a care plan

correctly.

Is the service well-led?

Our findings

We looked at what happened when there was a safe guarding concern. Staff told us they knew how to action and we saw records of concerns raised that had been actioned by informing the local authority. However we saw that the management team had not sent the appropriate notifications to the Care Quality Commission when a concern was raised. There is a legal requirement for registered services to send notifications relating to safe guarding concerns. This is to support CQC to monitor the service. We spoke with the deputy manager and they were unaware that they needed to notify CQC, they had assumed the local authority would share the information with us. We saw other notifications had been sent when needed. The deputy gave assurances that CQC would always be notified about any future safeguarding concerns.

We saw actions put in place to ensure people received quality care and their medicines as prescribed were not always completed. The management team had identified that staff did not always record information correctly on the daily logs, and medicine records were not always completed. The deputy manager told us that communication sheets and medication records were brought into the office on a weekly basis. These were then audited to ensure there were no concerns raised and not actioned. We looked at four people's records and two had been audited and two had not. On the two that had not been audited there were missed signatures on the medicine records. We found that the records were not always brought in weekly and they were not always audited to ensure there were no errors or changes. We saw that staff had not reported these missed signatures therefore they had not been investigated to ensure people had received their medicines. We saw that action had been taken, for example staff had been reminded in the weekly memo to ensure the completed the records appropriately. Staff we spoke with told us that they had received additional training on these issues. Systems in place to drive up the standards of care delivery were not completed consistently. The management team could not be assured at the time of our visit that their identified concerns about daily logs and medicine records were improving because checks put in place were not consistently completed. People were not receiving care that was effectively monitored.

People who used the service and their relatives told us they liked the management team and felt the service was well managed. They said someone was always available to speak with and they would take action straight away if needed. One person told us the management team visited them regularly to provide support for them. Another person said the service was, "Well managed." A further person told us, "I wouldn't have anybody else," as a service provider. Relatives told us the service was well managed, one relative said, "They are value for money, and the conversation adds quality."

The deputy manager knew all of the people who used the service. They were able to tell us about each individual and what their needs were. They regularly supported people with their care needs. The deputy manager said this helped them ensure that people received quality, safe support with their health and wellbeing. She told us it was important to treat everyone as an individual, and to ensure people are always left as comfortable as possible. One member of staff told us that felt the culture of the service was "to all look after each other, and care as much as possible." Staff said they worked together as a team and felt well supported. Another member of staff told us that the registered manager had been very supportive and flexible around their working shifts to support them with their family needs.

The deputy manager explained that recruiting staff was an on-going concern because they were constantly asked to support additional people in the community. They had allocated time for one member of the office team to attend job fairs and have active involvement with the local job centre. The member of staff said this had been effective in recruiting staff. The deputy manager told us that they spent time as a 'care ambassador', visiting schools and colleges promoting care as a career pathway.

We saw that accidents and incidents were reported by staff. The deputy manager investigated the incidents to ensure any actions that were needed were made in a timely way. For example, when an incident happened at one person's home, we saw that the incident had been investigated and the risk assessment and care plan updated.

Staff said they were supported by the management team. They told us they could report concerns and they would be resolved quickly. One member of staff said, "They really listen to our suggestions about meeting people's needs." Care staff told us they did not have regular meetings; however there was a communication book available and training was held in groups at the office which supported staff to share best practice. Staff also explained they called into the office regularly and were able to discuss any concerns with the management team. They told us they had regular one to one's, they said they felt well supported and listened to. They said compliments were always passed on so they felt valued and appreciated.