

Mobile Care Services Limited

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## 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

This inspection took place on 23 August 2017. The inspection was announced. The provider was given two days' notice of our inspection. This was to ensure the registered manager and staff were available when we visited the agency's office.

At the last inspection in September 2015 the service was rated Good. At this inspection we found the service remained Good but was rated Requires Improvement in Well Led, as we had not always been notified of some incidents that occurred at the service (which did not involve staff), and risk assessments could have been more detailed to ensure people received safe and consistent care.

Mobile Care Services is a large domiciliary care agency which provides personal care for people in their own homes. The agency covered several geographical areas in Warwickshire, Leicestershire and Staffordshire. Most people received support from staff several times each day. On the day of our inspection visit the agency was providing support to 480 people.

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. There was a registered manager in place at the time of our inspection visit. We refer to the registered manager as the manager in the body of this report.

Staff understood their responsibilities to protect people from the risk of abuse. The manager checked staff's suitability for their role before they started working at the service. The manager made sure there were enough staff to support people safely. However, staff did not always arrive on time for their scheduled calls.

Staff offered people choice and respected their decisions. People were complimentary about staff that supported them, describing them as kind and caring.

Care was delivered based on the individual needs of each person. People and their relatives were included in planning how they were cared for and supported, and people were supported by a consistent staff team who had the skills to meet their needs. People were referred to healthcare services when their health needs changed.

Staff knew people well and respected their privacy and dignity. People told us they knew how to make a complaint if they needed to. The manager had procedures in place to respond to complaints in a timely way.

The manager and provider checked the quality of the service and acted to continuously improve it; people and their relatives were encouraged to share their opinions about the quality of the service which were listened to.

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

We always ask the following five questions of services.

<p><b>Is the service safe?</b></p> <p>The service remains good.? RI</p>	<p><b>Good</b> ●</p>
<p><b>Is the service effective?</b></p> <p>The service remains good.</p>	<p><b>Good</b> ●</p>
<p><b>Is the service caring?</b></p> <p>The service remains good.</p>	<p><b>Good</b> ●</p>
<p><b>Is the service responsive?</b></p> <p>The service remains good.</p>	<p><b>Good</b> ●</p>
<p><b>Is the service well-led?</b></p> <p>The service was not consistently well-led.</p> <p>The manager had not always notified CQC of incidents and concerns that involved the police and safeguarding authorities, which did not involve their staff. Auditing procedures at the service required improvement to ensure risk assessments were detailed and risks were consistently managed and minimised. The provider and manager worked together to make improvements, where issues had been identified. Staff told us they received support from managers when needed.</p>	<p><b>Requires Improvement</b> ●</p>

# 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 was 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.

We inspected the service on 23 August 2017 as an announced inspection. We gave the provider two days' notice of our inspection visit so we could be sure the manager and other members of the management team were available to speak with us. This inspection was undertaken by one inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection visit, we asked the provider to send to us a Provider's Information Return (PIR). The document allows the provider to give us key information about the service, what it does well and what improvements they plan to make. We were able to review the information as part of our evidence when conducting our inspection. As the PIR had been submitted several months before our inspection visit, we gave the provider and manager an opportunity to update us with any changes they had made since submitting this information to us.

We also reviewed the information we held about the service. We looked at information received from the local authority commissioners and the statutory notifications the manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law. Commissioners are people who contract services, and monitor the care and support the service provides, when they are paid for by the local authority.

Approximately six months before our inspection visit we sent questionnaires to a number of stakeholders to ask them about their experiences of using Mobile Care. We wrote to 50 people who used the service, 83 staff

members and 50 relatives. We received 24 responses from people who used the service, five relative responses and 11 responses from staff members. We used some of this feedback to inform our inspection planning.

Shortly before our inspection visit, one person's relative contacted us about their experience of the service. We received further verbal feedback from 12 people who used the service, and three people's relatives.

During the inspection we received verbal or written feedback from two senior care workers, and six care staff. On the day of our inspection visit we spoke with the registered manager, a director and the human resources manager.

We looked at a range of records about people's care including three people's care files in detail, daily records, charts and medicines records. This was to assess whether people's care delivery met their identified needs. We reviewed records of the checks the manager and the provider made to assure themselves people received a quality service. We looked at staff files to check staff were receiving supervision and appraisals to continue their professional development.

# Is the service safe?

## Our findings

At this inspection, we found the service delivered safe care to people, as we found at our previous inspection. The rating continues to be Good.

One hundred per cent of the people who answered our survey told us they felt safe with staff. People told us they felt safe because they received care from staff they knew well and trusted. Comments from people included; "Yes, I'm safe with all of them. It's usually the same staff. It's not very often that it's a different one [staff]", "Staff lock the doors properly every time when they leave."

The provider had procedures in place to protect people against the risk of abuse and safeguarded people from harm. Staff attended regular safeguarding training. Staff told us the training assisted them in identifying different types of abuse, and they would not hesitate to inform the manager if they had any concerns about anyone. They were confident the manager would act appropriately to protect people from harm, and protect staff members if they raised any concerns.

Staff told us and records confirmed, suitable recruitment practices were followed. Before staff started work, checks were made to make sure they were of a suitable character to work with people in their own homes.

There was a system in place to identify risks and protect people from harm. Risks relating to the environment where people were supported by staff, were in place. Each person's care file had a number of risk assessments completed which related to their health conditions and the care they received. However, these risk assessments were not always detailed, and did not always clearly describe to staff how they should support people to minimise the risk. For example, one person had an allergy identified in their care records to an everyday item. However, there was no instruction for staff on how they could minimise the risks of an allergic reaction, and what they should do if this occurred.

Another person had a catheter in place, and had previously had an infection. There was no risk assessment or care plan to instruct staff on how future infections could be prevented, or what signs they should be aware of to alert them to an infection. We brought this to the attention of the manager during our inspection visit. They responded to our concerns immediately, they told us, "We do not use agency staff, and all staff know the people they support well. Staff are trained to support people according to their individual needs, such as catheter care and how to identify infections." Staff told us they were well trained, and had all the information they needed to care for people safely. Following our inspection visit, the manager told us they had developed their risk assessments further, and were providing staff with more detailed information in the areas we identified to ensure consistent care.

We found there were enough staff to care for people safely. Before people began using the service, the manager conducted a detailed assessment of the care each person required, before confirming whether they had enough staff to provide their care package. As part of this assessment a time slot for each visit was agreed with the person, according to when staff were available to support them. The agreed times were contained in the person's care records in their home.

People told us there were enough staff to meet their needs, saying staff always came out to them.

Staff administered medicines to people safely. Staff had medicines training which included checks on the competency of staff, including how and when to administer medicines. Where people required medicines to be given on an 'as required' basis, there were instructions for staff on when to give the medicines. The manager told us they or senior staff undertook regular checks to ensure medicines were managed safely. One person told us, "They make sure I take my medication, I couldn't do without them." Another person said, "They give me my tablets. They do everything properly."

# Is the service effective?

## Our findings

At this inspection, we found staff had the same level of skill, experience and support to enable them to meet people's needs effectively, as we found at our previous inspection. People continued to have freedom of choice and were supported with their dietary and health needs. The rating continues to be Good.

People told us staff had the skills they needed to support them effectively. One person said, "They know what they are doing." One person told us about how staff were inducted into their role saying, "Trainees come out with existing staff whilst they are learning." Another person told us, "They [staff] all know what to do."

Staff told us when they started work at the agency they received an induction that was tailored to meet the needs of the people they would be supporting. The induction included basic training in how to deliver care to people safely. Each member of staff received an individual training programme tailored to their specific job role. For example, some staff had received training in stoma care if they supported people with a stoma. One member of staff told us, "Training is delivered very well and we are regularly encouraged to take part in training." Another member of staff said, "The training I was given was very good and if I'm ever unsure of anything, we have our managers support and can always come and do refresher training."

Staff told us in addition to completing the induction programme; they had a probationary period and were regularly assessed to check they had the right skills. The manager maintained a record of staff training, so they could identify when staff needed to refresh their training. Staff told us they were also encouraged to take nationally recognised vocational qualifications.

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. 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.

Staff understood adults should consent to their own care and treatment, unless it was established they lacked the capacity to do so. Staff told us they assumed everyone had capacity to make their own decisions unless it had been assessed they could not. The manager had introduced mental capacity assessments, which recorded when people could not make all of their own decisions. These were being updated when we conducted our inspection. Where decisions were made in people's 'best interests', records were in place to show who had been involved in the decision making process. One person told us how they gave consent to staff, who always asked the person if they wanted their assistance before it was given. They said, "Consent isn't how I'd describe it, I shout out for them to help me when I need them, and they do."

The service supported people to see health care professionals such as the GP, dentist, and nutritional specialists when a need was identified. Records showed staff referred people to see health professionals when their health changed. One person told us, "One carer did help once as I wasn't too well and she



phoned an ambulance and stayed with me." Another person said, "If they [staff] see anything they would call the doctor."

Staff supported people with specialist dietary needs. For example, some people required support to eat and drink. One person told us, "They [staff] make sure I have my specialist drinks." Another person said, "They cook, yes, whatever I need. I have ready meals, but they'll do anything you want." We found where people needed their nutritional intake monitored by staff; charts were kept to ensure people's nutrition was monitored.

## Is the service caring?

### Our findings

We found people continued to be supported by caring and respectful staff that promoted their dignity and privacy. The rating continues to be Good.

One hundred per cent of the people who responded to our survey told us staff were kind and caring. People and their relatives said staff treated them with kindness and compassion. Comments from people included; "I find them all to be very helpful. I've got a good team", "I look forward to seeing them", "The care and attention I get is wonderful. I can't fault anyone."

One person said, "I have a better quality of life because of them [Mobile Care staff]. I call them my angels."

Staff members told us they enjoyed their role and the interaction with people they supported. One staff member commented, "I feel I make it possible for people to lead as full and independent life as possible in their own home." Another said, "I love my job, I love working with people, and providing a person centred approach to care. They are like family and love to sit and talk about their life experiences."

One member of staff explained how they supported people. They made sure people were encouraged to do what they could themselves, and only supported people with tasks they could not manage. People we spoke with confirmed staff had this approach.

One relative told us about how they had cared for their relation at the end of their life saying, "Staff were so professional, they just cared for their every need. They even came to the funeral, which was a nice touch."

Staff understood how to provide care to people whilst retaining dignity and privacy. People said staff always explained what they were doing. People told us staff offered them support discretely when they needed assistance with their personal care. One relative told us, "Yes, they're full of respect." Another relative said, "They respect [Name] and listen, they have a good natter and a laugh."

# Is the service responsive?

## Our findings

At this inspection, we found the same level of responsiveness to people's needs was in place as at the previous inspection, and the rating continues to be Good.

People we spoke with told us staff responded to people's requests for support quickly. One person said, "They [staff] do whatever I ask." A relative told us "Overall, it's a very good service. They are always straight over if we needed anything. I can't recommend them enough."

People and their relatives were involved in planning the care they received. Ninety six per cent of the people who responded to our survey told us they were involved in decision making about their own care package. Because people and their relatives were involved in planning their care, records showed people's likes and dislikes and how they wanted to receive their care. Records included life histories, people's hobbies and interests and were tailored to meet the needs of each person according to their support requirements, skills and wishes. One person told us, "I'm fully involved in deciding what care I'd like, definitely."

A staff member told us how care records were kept up to date saying, "Care and support packages and records are regularly reviewed (yearly) or when circumstances change. Reviews are usually done by visiting the person's home." The manager told us care records were also checked regularly by team leaders, to ensure any changes to people's health were documented and reflected in the records.

Staff told us they had had an opportunity to read care records at the start of each visit to a person's home. The care records included daily notes from the previous member of staff as a 'handover' which updated them with any changes since they were last in the person's home. Staff explained the information kept them up to date with any changes to people's health.

People told us, if it was part of their care package, staff could take them out in their local community or spend time with them in their home pursuing hobbies and interests. For example, we found one person had recently been on a holiday to their favourite beach at Weston-Super-Mare, and had been supported throughout the trip by a member of staff.

People told us they would feel comfortable to raise any issues or concerns with staff, if they had any. Typically people told us they had never needed to make a complaint. There was information about how to make a complaint in the service user guide that each person had in their home.

Where a complaint had been received, these had been investigated and responded to in a timely way. However, we found complaints were not always recorded in a centralised location, to monitor trends and patterns. In addition, negative feedback was not centrally recorded for analysis. Following our inspection visit the manager told us they planned to review all complaints and feedback information to look for trends and patterns. They planned to do this monthly.

## Is the service well-led?

### Our findings

At this inspection, we found the manager and provider had not always notified us of incidents that occurred at the service which involved the police and safeguarding concerns. However, the service had told us about incidents which related to their staff and people who used their service. We rated this service as Good at our previous inspection. However, the rating has now changed to Requires Improvement.

We found the manager had not always notified us of important events that happened at the service. Records showed police were sometimes involved in the investigation of incidents, which had not been notified to CQC. However, the service had told us about incidents which related to their staff and people who used their service. Where safeguarding concerns had been identified, these had been appropriately reported to safeguarding authorities. In all cases the manager had taken action to keep people safe. We explained to the manager that all incidents that involved the police or safeguarding concerns should be notified to CQC. The manager said they had misunderstood which incidents should be notified to CQC following previous advice. Following our inspection visit the manager told us they had changed their policy, and would notify CQC of all of these types of incidents in the future. We have since received appropriate notifications from the manager.

The manager had a system of quality assurance checks to monitor the quality of the service people received. Each person had a paper care record in the office and in their home, and additionally the manager had developed an electronic recording system which produced reports on key pieces of information. For example, the electronic system alerted the management team when care records, risk assessments and supplementary records were due for review. We found however, that auditing procedures had not highlighted the need for risk assessments to be more detailed to ensure people's care was delivered consistently by staff. The provider planned to enhance their auditing procedures by bringing in an external auditor to check their auditing procedures to see how audits could be improved and enhanced.

The manager ensured checks were undertaken on a monthly basis of information that came into the office from each person's home, such as medicine records and daily records of care provision. These were checked to analyse whether staff arrived on time, and whether tasks had been completed as they should. The manager also had in place a system of regular 'spot checks' on staff performance.

When we asked people whether staff always arrived on time for their scheduled calls we received mixed feedback from people. Most of the people we spoke with told us staff arrived on time, and stayed for the scheduled time. Comments from people included; "They're on time, they always stay (as long as needed) and ring on the phone if they're late." However, one person told us, "I need a call at half nine in the morning, but in the last two or three months they're getting later and later. I don't understand why and I feel upset as it doesn't suit me. I've mentioned it, and the manager explained it is due to unforeseen problems." Another person told us they had a call in the evening, for which staff often arrived late. They said, "This last two or three months I've made 10 to 15 calls to see when the carer's coming. I don't want to unlock the doors late at night."

One member of staff said, "I don't feel there is always enough staff to cover sickness and holidays. Sometimes, we are late because of traffic. However, if the call is going to be more than 15 minutes late, the office will inform the customer." Another member of staff told us, "The only issue we have is we are not given enough travel time between every call on the rota. This tends to make us run late and not have breaks."

We raised these concerns with the manager. They had conducted an analysis of staff arrival times during the three months prior to our inspection visit, which was at a busy time of year due to staff holidays. The analysis showed only 5% of the total calls made to people, staff arrived late. Reasons for staff arriving late included emergencies and traffic conditions that could not be avoided. They also told us they were advertising for seven additional staff, one in each geographical area, to increase the numbers of full time and experienced staff. The manager explained that at this time of year they also experienced people ringing the office to ask when staff would arrive in the evenings, even though staff were not late. This was due to the nights becoming darker earlier, and people becoming confused about the time. These measures showed the manager had acted to analyse and improve staff arrival times.

The provider asked people and staff for their feedback about how the service was run in regular quality assurance questionnaires, which were often conducted over the telephone, and in regular meetings with staff. The provider had identified that staff and people did not always receive their call rota schedule when these were posted to people on paper. In response the provider had implemented a new electronic system to ensure rotas were safely sent to staff and people. The system had been developed using encrypted software to ensure data was secure.

There was an identified management team in operation at the service to support staff and people. The management team comprised the registered manager, human resources manager and a director. In addition, a service administration manager and three senior operations officers were employed, other supervisors or managers included four operations officers, and two senior duty officers. Each geographical area had dedicated management to offer staff support regionally. There was also a dedicated duty team of four staff members, who's purpose was to answer, action and record all incoming telephone calls and to deal with any queries on a day to day basis. The duty team operated from 8:00am in the morning to 10:00pm at night, following which they operated an 'on-call' service. This meant there was always advice available to staff.

People told us the manager was approachable, and they would not hesitate to raise concerns with staff or a member of the office team. One hundred per cent of the people who answered our survey told us they would recommend the service to others. One person told us, "Somebody recommended these people and I would really recommend them to anybody."

Staff were supervised using a system of supervision meetings, observations, and yearly appraisals. Regular supervision meetings provided an opportunity for staff to discuss personal development and training requirements to keep their skills up to date. In addition, staff told us they could speak with a manager when they needed to, and there was always support available 24 hours a day. One staff member told us, "We have regular meetings, and our manager is always available if needed." Another staff member said, "I have a great line manager. They are approachable and listen to my ideas." However, they said, they would benefit from more frequent staff meetings with other colleagues, to share ideas and learn from each other.

The provider told us how they kept their manager's skills up to date. Managers attended regular training sessions, so they had the up to date knowledge to cascade information to both existing staff and also to all new staff during their induction.

The provider had plans to improve the service. These included the archiving of historic information in care records to ensure only the most recent information was kept in the office for staff to refer to. The plans were in place to make it easier for staff to access the most recent information on care records easily.