

Mobelle Home Care 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

About the service

Mobelle home care limited is a domiciliary care service It provides personal care to adults living in their own homes, so that they can live as independently as possible. At the time of inspection Mobelle home care limited were supporting 18 people. 8 people were receiving personal care.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

People's care plans and support documents were not consistently person centred and did not always provide detailed information on how to meet people's care needs, preferences and choices. This had not impacted on the care provided to people and staff had a good understanding of people. We discussed this with the registered manager who, since the inspection has acted positively to begin to review people's care records, to ensure they are all person centred and reflective of their needs and wishes.

People did not have end of life care plans in place to ensure they receive personalised care in line with their choices at the end of their life. Despite this, people's care had not been impacted and as staff worked closely with people and their relatives to provide high standards of care. Since the inspection the registered manager drafted out a questionnaire, for people and their relatives, which they told us will be in place in the near future.

Audits within the service were not clear and did not identify the areas for improvement we found during inspection. The provider's current audits did not cover people's care records to ensure they had detailed and accurate information on people's needs, wishes and preferences.

People were positive about their care. One relative told us, "The service are amazing, I do not know what I would do without them." Another review read, 'Mobelle and their fantastic team improved life for me and my family tremendously! Always at the end of the phone whenever we needed them, the support they showed to my mum and our family was second to none'

People were supported with kindness, respect and compassion by a staff team who knew people as individuals. There was a focus on people making choices about their support and the staff team promoted people to be as independent as possible within their own homes.

People were protected from harm and abuse by systems put in place at the service. People had assessments in place which ensured care was delivered safely. There were enough trained and knowledgeable staff to support people safely and care calls were always delivered on time.

The manager completed audits to monitor the quality of the service. These included medication audits, daily records and spot checks of care delivery.

People and their relatives were encouraged to feed back about their care and support and were involved in service delivery at all levels. The manager and the staff team worked with other organisations to ensure good outcomes for people using the service. People were positive about the management of the service. The manager was passionate about putting plans in place to continue to improve the way people were supported.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 02 November 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Mobelle Home Care 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

One inspector carried out the inspection.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager 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 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 03 March 2020 and ended on 05 March 2020. We visited the office location on 03 March 2020.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority and professionals who work with the service. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with five relatives about their experience of the care provided. We spoke with five members of staff including the director, registered manager and care workers.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and a sample of care records, that had been improved by the registered manager following our inspection.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems in place to safeguard people from abuse and they knew how to follow local safeguarding protocols if required.
- People told us they felt safe. One relative said, "Yes, extremely." Another relative had provided written feedback which stated the service considered 'clients safety and well-being at all times'.
- Staff told us they had been trained to recognise abuse and protect people from the risk of abuse. They spoke confidently about reporting any concerns if they needed to. One staff member said, "I would go straight to the (registered) manager to report any issues." They were clear about how to escalate any concerns outside of the service too, if that was needed.

Assessing risk, safety monitoring and management

- People had risk assessments in place depending on their needs. These risk assessments covered areas such as health, falls, behaviours that may challenge and home environment. Staff updated these risk assessments following events that meant people's needs had changed.
- People had risk assessments in place for emergencies such as a fire or extreme staff shortages at the service.

Staffing and recruitment

- Overall people told us the service was reliable with familiar, consistent care staff. A relative stated, "Staff are excellent and always seem to know what they are doing. They understand [relative's] needs well" Another relative echoed this with the following written feedback, 'Mobelle provided fantastic care for my [relative]. Could not have asked for kinder and more compassionate and personal care from all the team. Relatives confirmed staff normally let them know if they were going to be late and told us they were always able to contact a member of staff, including outside of normal working hours.'
- The provider carried out checks to confirm new staff were suitable to work with people using the service. Current regulations require that providers obtain certain information for all staff employed to work. We found most of these required checks were in place however, we found some members of staff had incomplete or gaps in their employment history. The registered manager took swift action to address this during the inspection and issued staff with new employment history sheets where required.

Using medicines safely

- Where the service was responsible, people were receiving their medicines as prescribed. The provider was following safe protocols for the administration and recording of medicines, including PRN (as required) medicines.
- Staff were trained to administer medicines to people in a safe way. One staff member told us, " We receive

medication training and competency checks. The registered manager also does spot checks"

Preventing and controlling infection

- People were protected by the prevention and control of infection. Everyone confirmed that staff maintained good hygiene by using personal protective equipment (PPE) such as gloves when handling food or before providing personal care. Records also showed staff responsible for preparing and handling food had completed food hygiene training. One staff member said, " We always use gloves and correct PPE when supporting people."

Learning lessons when things go wrong

- The manager and senior support worker reviewed incidents and accidents and updated people's care plans if any changes were required. Lessons learned were shared with the staff team in handovers and team meetings.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

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 when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA

- The management team understood their responsibilities regarding the requirements of the MCA. The service had consent forms in place for people to consent to care. However, some of the records were unclear and needed review.

We recommended the provider reviews their current consent and capacity forms to ensure if any person is unable to sign consent for care a clear capacity assessment and best interest record is in place to ensure decisions are made within a person's best interests.

- The registered manager confirmed no one currently using the service was being deprived of their liberty, and as such it had not been necessary for any applications to be made to the Court of Protection. The Court of Protection makes decisions on financial or welfare matters for people who are not able to make decisions at the time they need to be made.
- People we spoke with confirmed they were asked for their consent before support and care was provided.

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

- People confirmed their needs were assessed before they started using the service, to ensure the care and support was right for them and achieved good outcomes. One person told us how they and their relative had, "been involved in the assessment and ongoing review of [relative's] care and care plan."

Staff support: induction, training, skills and experience

- People told us they were supported by staff who had the right skills and knowledge to meet their assessed needs.
- Staff confirmed they received relevant training to support them in their roles. The registered manager showed us they used a training matrix to record staff training and highlight when refresher training was due.
- Staff were provided with additional support to carry out their roles and responsibilities through team meetings, individual supervision and competency checks. One staff member said, "I can always call in if I experience any problems. If I call, they (management team) always pick up the phone which when I first started, I had to call a lot, but I no longer need to call them. The support is there."

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

- Where the service was responsible, people told us they were supported to eat and drink enough to maintain a balanced diet and to keep them hydrated. Care records contained guidance for staff on how much support people needed with eating and drinking. A relative told us, "The staff team are great, they support [relative] with meals following specialist menu."

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

- People told us their relatives generally organised their routine healthcare appointments. However, staff knew how to contact relevant healthcare professionals such as GP's or the community nursing team, if required and gave examples of when this had happened. One relative commented how the staff had supported their relative to attend health appointments due to a recent concern with their health.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People unanimously told us that staff treated them with kindness and compassion. They told us they enjoyed their visits and described staff as: efficient, very helpful, good company, chatty and accommodating.
- Staff told us they had been given time to understand people's needs by getting to know them and reading their care plans. They were motivated and spoke warmly about the people they provided care and support to.

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

- People confirmed with us they felt in control and staff encouraged them to express their views and be actively involved in making decisions about their care and daily routines.
- One staff member told us, "I always ask them [people] and allow them to have choice. The person I currently support is good at telling me what they like and what they do not like."

Respecting and promoting people's privacy, dignity and independence

- Everyone told us their privacy and dignity were respected and upheld. They gave us examples of how staff ensured they were not made to feel unnecessarily uncomfortable or embarrassed. One relative told us, "The staff are definitely kind and caring, the [main carer] is really easy to talk to, [relative] is unique, [registered manager] has been very receptive to [relative] needs and how to give the best care, nothing has been too difficult."
- A relative told us, "Staff are amazing with my [relative]". Staff we spoke with were very clear about protecting people's modesty and ensuring people maintained their independence as far as possible. People told us they appreciated this.
- The management team used a messaging service to cascade information to staff via their mobile phones. Although beneficial to the efficient running of the service, the management team understood the importance of monitoring this closely to ensure people's confidentiality was not breached or their safety placed at risk. Staff were clear too on how to ensure information about people were always treated confidentially, and they provided examples of how they did this.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

End of life care and support

- The service did not have any end of life plans in place to ensure people received personalised care of their choice at the end of their life. However, this had not impacted on the care being delivered to people and the registered manager was actively responding to our feedback during inspection and drafted an end of life questionnaire and told us they would ensure these were sent to people and their relatives and put in place as soon as possible.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had care plans in place. However, these were not consistently personalised and in depth to ensure people's needs, wishes and preferences were clearly documented. Despite this, everyone told us the service delivered on what was agreed with them. People's needs were reviewed with them too, to ensure the care and support they received was still right for them.
- People were appreciative of how staff involved them in the planning of their care and support. A relative said, "Staff taking him to his appointments if I need them to, picking up his medication has been a massive change from the last care company, the little things that have helped take the pressure off. [Relative] cannot speak highly enough of them [relative] doesn't generally think of others. That is really telling!"

We recommended that the provider reviewed their care records to ensure they reflected information around people's current needs and their preferences, choices and life history.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff and relatives confirmed that some people had limited verbal communication due to a variety of health conditions. However, everyone told us at the current time staff were still able to understand and speak with people. A relative told us staff knew how to communicate with their relative adding, "Many people commented positively on the easy, friendly chatter between people and staff."
- Care records did not yet capture this information though, which would be important in the event of someone's communication needs changing or deteriorating further. The registered manager told us soon after the inspection that everyone's records would include this information in future and demonstrated some care records they had already begun to update.

Improving care quality in response to complaints or concerns

- Information had been developed to explain to people how to raise concerns or make a complaint, if they needed to.
- People told us the management team regularly checked to make sure they were happy and to discuss any concerns they might have.
- Everyone confirmed they knew how to raise concerns or make a complaint. One relative told us they would go straight to the registered manager if they needed to. Other relatives talked about concerns they had raised in the past but went on to say how these had been resolved to their satisfaction, in a timely way. Records we saw supported this.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care

- The registered manager was passionate about continuing to improve the service and the skills of the staff team.
- The registered manager completed regular audits of the service including spot checks of care delivery, daily notes and medication. However, we found the audits did not always have clear action plans and did not cover people's care plans which needed some improvement.
- There were multiple areas of recording which needed improvement in the service this including end of life plans, capacity assessments, care records and staff members employment history. This had not been identified through the service's current audit systems. However, the registered manager has acted positively following the inspection and has begun to review people's records and have told us they plan to make improvements in line with feedback given during our inspection.

We recommended that the provider reviews their auditing systems to ensure they cover key aspects of the service and have clear action plans in place where required to evidence ongoing improvement in the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People spoke highly about the way the service was managed and said they would be happy to recommend the service to others. They told us the management team were helpful, receptive and dealt with any issues they had. One person said, "[Registered manager] always tries to meet what you request." A relative added, "[Registered manager] is really friendly and thorough. It is clear she has a lot of experience." People took the time to compliment other members of the staff team too and commented positively on the quality of the service they received overall.
- Staff also commended the management team and confirmed they felt well supported. One staff member said, "Yeah, if I have any questions, I can bring them up and they guide me in right direction." Another staff member added, "Fantastic, they [members of the management team] are full of information and we can always go to them whenever I need them and they always involve us too in asking for ideas."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and nominated individual were knowledgeable about the service and the needs of the people using it. They spoke about their roles with passion and it was evident that they both strove to

provide an excellent service.

- Feedback from a relative, along with written records, demonstrated the registered manager acted promptly to any feedback from people and their relatives to ensure high standards of care were maintained.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Relatives and staff gave positive feedback about the registered manager and the whole staff team. The vision and values of the service showed that people were at the centre of everything the staff team did.
- The registered manager showed an open and honest approach with everyone involved in the care of people. They led by example, were visible in the service day to day and used a coaching style of management to support and develop staff skills and knowledge.
- Staff were motivated and proud of what they had achieved at the service. They explained about the joy they got from seeing all the positive changes in people's lives.
- The registered manager had reported all incidents and accidents to the relevant authorities promptly and reviewed actions needed to reduce the incident repeating.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Satisfaction surveys, telephone calls and face to face reviews ensured people, relatives and staff were engaged and involved. The results of satisfaction surveys completed by people demonstrated a high level of satisfaction with the service they received. However, some people had received support from staff in completing these which may have prevented them from providing honest feedback about the service. The registered manager told us they planned to send questionnaires out to families and people by post next time, which would enable them to provide feedback anonymously if they preferred to do so.

Working in partnership with others

- The service worked in partnership with families, key agencies and organisations such as the local authority and external health care professionals to support care provision, service development and joined-up care in an open and positive way.