

Mobile Care Services Limited

# Mobile Care Services Limited

## 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?	Good ●

# Summary of findings

## Overall summary

### About the service

Mobile Care Services Limited is registered to provide personal care to adults in their own homes. At the time of the inspection 306 people received a regulated activity of personal care as part of their support from the provider. This included people living with health conditions and, or, frailty due to older age. At the time of our inspection visit, other services were provided to people. These included cleaning and shopping visits, which we do not regulate.

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

People and their relatives described their care from staff as good. Where concerns were raised these were acted on by the registered manager.

There was consistency in which staff supported people, which meant staff knew people well and how to protect them from risks of harm or injury. Basic risk management information was included in people's plans of care. The provider had, prior to our inspection, recognised the level of guidance included in risk management plans needed to be more detailed and plans were in place to address this.

Staff were recruited in a safe way and received an induction. Staff were trained and spot checks on their skills were completed.

People and their relatives felt safe with staff in their homes and protected from the risks of abuse. Staff had received training on how to protect people from the risks of abuse and understood the importance of reporting any concerns. The provider understood their legal responsibilities in acting on and in reporting any such incidents.

People had their prescribed medicines available to them and were supported with these as needed by trained care staff. Staff understood the importance of infection prevention and control.

Staff followed professional healthcare guidance where this had been given. People were supported to access healthcare services if required. Staff worked within the principles of the Mental Capacity Act 2005 and understood the importance of gaining consent from people.

People were supported by staff to meet their nutritional and hydration needs.

Staff demonstrated a caring approach toward people they supported.

People had individual plans of care and were supported by staff who chatted to them about hobbies and interests they had shared in personalised information.

Staff promoted people's independence and maintained people's privacy and dignity.

There were systems were in place for people to give their feedback on the service. People and their relatives were involved in planning their care and support.

There were quality assurance systems in place to check the safety and quality of the services. The provider had identified where improvements were needed in people's plans of care and was acting on this.

Rating at the last inspection

The last rating for this service was Good (published 13 October 2017).

Why we inspected

This was a planned inspection based on the rating of the last inspection.

Follow up

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

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

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well led.

Details are in our well led findings below.

Good ●

# Mobile Care Services 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 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.

#### Inspection Team

One inspector and one assistant 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 home.

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 the quality and safety of the care provided.

#### Notice of inspection

We gave notice of our inspection to the registered manager to ensure they would be available to support the inspection. Inspection activity commenced on 28 February 2020 and ended on 2 March 2020. We undertook a visit to the provider's office on 2 March 2020.

#### What we did before the inspection

We reviewed information we had received about the service since our last inspection. This included details about incidents the provider must notify us about, such as abuse. We also sought feedback from Local Authorities who were involved in agreeing people's packages of care between themselves and the provider. As part of the inspection we used information the provider sent to us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information

about the service, what the service does well and improvements they plan to make. We used all the information to plan our inspection visit.

During the inspection

We had telephone conversations with 24 people and, or, their relatives to gain their feedback about the service. We spoke with seven members of care staff, the business development manager, the registered manager and the provider.

We reviewed a range of records. This included a review of six people's plans of care, medication observation records, daily task and managing risks guidance and daily care notes. We also looked at records relating to the governance and managerial oversight of the service. These included quality assurance checks, staff recruitment and training records.

# 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. People continued to receive a safe service and were protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks were identified, and basic guidance was included in people's plan of care for staff to refer to when needed to minimise risks of harm and injury. For example, one person used a hoist for transfer and details of how to safely attach their sling was included in their description of 'tasks to do' for staff.
- People felt staff kept them safe. One person told us, "Staff check the water temperature before they bath me, they wear gloves and aprons. Before they leave me, they check I am wearing my pendant alarm."
- Staff knew people well and how to manage risks. For example, one person had an identified risk of becoming 'low in mood'. One staff told us, "It's best to talk about one of [Name]'s hobbies, like darts, football or snooker. That lifts their mood, we can usually then have a laugh about things."
- The provider had recognised, prior to our inspection visit, that their risk management plans required more detail. For example, in the event of staff not knowing people well, they needed more detailed information to refer to. The business development manager told us, "We know more work needs to be done so that risk management plans include greater detail, this is planned for over the next few months." Following our inspection visit feedback, the business development manager assured us this work would be prioritised and completed before the end of April 2020.
- There had been no missed care calls to people. The provider had a call monitoring system which was constantly attended to by office or on-call staff. Whenever an alert was triggered, staff acted to ensure people received their care call.
- Lessons were learnt when things went wrong. The business development manager told us about a 'checking system' to ensure the correct care call was cancelled; if a cancellation was requested by a person. The new system included the person's name and in addition their postal code. This followed an error when a care call was cancelled for the wrong person because they had the same name as another person. This had resulted in a near-missed call.

Using medicines safely

- Where people were supported by staff with their medicines, they received the support they needed to take tablets from their Pharmacy Prepared Packs (PPP). Records were kept of when people had been supported with their medicines.
- Staff had received training in the safe handling of medicines. One staff member told us, "The company policy is we can only help people with medicines from PPP's. If they have other medicines, like eye drops or boxed medicines, we have to contact managers to find out if we are allowed, or not, to support with these."

Preventing and controlling infection

- There were policies to prevent and control the risk of infection, which staff followed and had received training on.

- The provider, registered manager and business development manager were responsive to increased vigilance and requirements around infection prevention and ensured staff had the information and protective equipment they needed.

#### Staffing and recruitment

- There were enough staff employed to undertake the agreed hours of care calls to people. The registered manager explained to us they had over-recruited and had eight additional 'first responder' care staff. These staff covered planned leave or care calls when emergencies happened and delayed staff reaching their next care call on time.
- The provider's system for recruiting new staff ensured staff's suitability to work with people. We reviewed two staff's employment record and the required checks were documented.

#### Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe with staff in their homes. One person told us, "I feel nice and safe with the same group of girls (staff), they know what they are doing."
- Staff had received training in how to safeguard people from the risk of abuse and demonstrated an understanding of safeguarding principles. Staff gave us examples of types of abuse or concerns they said they would report to the registered manager.
- The registered manager demonstrated their understanding of their legal responsibilities in reporting incidents to us and safeguarding teams. The registered manager shared details of safeguarding investigations and these demonstrated they had followed the correct processes.



# 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.

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

- Initial assessments were completed by senior staff before people's care calls commenced with Mobile Care Services Limited. Information shared from the local authority or hospital discharge teams were used, as well as details about personal preferences from people and their relatives. These were used by the registered manager to ensure they could safely meet people's needs.
- During people's initial assessment they were given the opportunity to share information with the provider and staff to ensure there was no discrimination, including in relation to protected characteristics under the Equality Act (2010). For example, their sexual orientation.

Staff support: induction, training, skills and experience

- Staff received an induction and training and had the skills they needed to support people in a safe way. One staff member told us, "I only started a few months ago, I've been able to complete shadow shifts with an experienced staff member which has helped me." Another staff member told us, "I think the training is quite good, we have taught face to face sessions as well as distance learning topics like common health conditions, and we also have some online training we can do."
- Skills competency and spot checks took place on staff by managers to ensure they worked in a safe way and followed the provider's policies. One person told us, "Staff appear well trained." One staff member told us, "If we see something is not being done correctly, we address it with the staff member."
- Staff felt they received the support they needed from the management team. Staff told us office management support was accessible to them when needed. Staff were also supported through one to one and team meetings.

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

- Where people required support with their nutritional and hydration needs, these were met by staff. For example, one person's plan of care told staff, "[Name] needs encouragement to eat and always leave them sandwiches for later." Staff were aware of this and gave us examples of how they supported people with their meals. One staff member told us, "I always check what food they have available and offer them choices, so they can have what they fancy."
- Staff had information available to them about people's individual dietary needs. For example, one person's plan of care informed staff the person had been assessed by a speech and language therapist and required a prescribed 'thickener' to be added to their drinks.
- Some risks had been identified, for example, in respect of one person's hydration, a record of drinks offered by staff had been logged. The registered manager and business development manager recognised

clearer direction was needed for staff to refer to, such as whether the records should state the amount of fluid or just the type of drink offered. The business development manager assured us this detail would be added before the end of April 2020.

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

- Staff understood the importance of monitoring people's wellbeing on a day to day basis. Staff told us they would contact managers at the office if they had any concerns about people they supported.
- Staff said they would call 999 if they believed there was an emergency. Some staff told us they had not completed first aid training but would always follow the guidance given by healthcare professionals. The provider informed us their policy was for all staff to complete first aid training and further dates were planned.

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. Where people may need to be deprived of their liberty to receive care and treatment in their own homes, the DoLSs cannot be used. Instead, an application can be made to the Court of Protection show can authorise deprivations of liberty.

- Staff followed the principles of the MCA and understood the importance of obtaining consent, for example, before carrying out personal care.
- A mental capacity assessment section had been added to the provider's initial assessment document. This was used to record whether a person had capacity to make their own decisions or may require support due to a diagnosis of, for example, dementia.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness 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 in partners in their care.

Ensuring people are well treated and supported, equality and diversity

- People and their relatives described staff as kind and having a caring approach. One person told us, "I am quite satisfied with my carers, I have the same group of staff and haven't met any that I don't like, they are jolly nice." One relative told us, "Staff show empathy in their approach, supporting us as a whole family, not just my relative."
- During initial assessments, people were asked about any gender preference they had in relation to staff who undertook their care calls. A few people could not recall having been asked this, however, their preferences had been met. One person told us, "I wasn't asked about this, but they've never sent a gentleman, which is good. I think ladies understand ladies."

Respecting and promoting people's privacy, dignity and independence

- Staff promoted people's independence. One person told us, "They always give me a choice about what clothes to wear, they never just make the decision for me." One staff member told us, "Whenever I support people to have a wash, I always encourage them to wash where they can themselves and I do the rest."
- Staff knew people well. One relative told us, "I couldn't be happier with the care. The carer is more like a close friend and my wife, who is living with dementia, sees them as a friend visiting for a coffee. They look at photos and do puzzles together."
- People's privacy and dignity was promoted by staff who understood the importance of keeping people's personal information confidential.

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

- People and their relatives were involved in decision making and given opportunities to express their views. One relative told us, "We had a care review recently, it's all fine."
- People were supported by a consistent staff team. One relative told us, "Mobile Care Services give us a specific time and carer name, I write this on the calendar and that helps reduce my relative's stress about having care."

# 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 consistently met.

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

- People had personalised plans of care. The business development manager told us, "We have worked to add personalised information to plans of care because this needed to be improved on."
- People and their relatives were given opportunities to share personal information and details of their preferences which staff could refer to. Staff made positive comments to us about the improvements made to personalise plans of care. One staff member told us, "It's made a real difference because we know more about people and their hobbies, it gives us something to talk about with people and helps them relax with us."
- People told us they had individual plans of care in their home. These told staff what tasks they should undertake on care calls to people. One person told us, "Staff always read my care plan before carrying out care and they fill in the daily record book."

Meetings 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 their carers.

- Staff understood people's communication needs and how to effectively communicate with them. As part of the initial assessment, communication needs were considered, and specific needs were recorded.

Improving care quality in response to complaints or concerns

- There were processes in place to ensure complaints were investigated. Where complaints had been received, actions had been taken to resolve issues raised.

# Is the service well-led?

## Our findings

Well Led – this means we looked for evidence that the 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 improved to Good. This meant service management and leadership was consistent. Leaders and the culture they created the delivery of high-quality, person centred-care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- Improvements had been made in how the provider acted on their legal responsibilities to notify us (CQC) of specific incidents. The registered manager ensured statutory notifications were sent to us, as required, in a timely way.
- The provider had recognised improvements had been needed to personalise plans of care and work had been completed on this.
- The registered manager and business development manager informed us they had identified their risk management plans required further development to move away from basic information to more detailed guidance for staff to refer to when needed. Following our inspection, the provider sent us details of how they intended to implement their plans, using improved and recognised assessment tools. They informed us this work would be fully completed by the end of April 2020.
- The provider had quality assurance systems which were used to check the safety and quality of the services. For example, frequent checks were made on daily records and medicine observations records to ensure staff completed these as required. Where gaps were identified, audits recorded actions taken to address the gaps with staff members.
- The rating from the provider's last inspection was displayed, as required.

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

- People and relatives were offered individual care review meetings with the management team.
- People and relatives were offered opportunities to give feedback by completing the provider's surveys. Surveys were analysed, and action plans implemented by the registered manager to make improvements where needed.

Working in partnership with others

- The provider worked in partnership with others. For example, the registered manager and business development manager gave examples of multi-disciplinary working. This included making referrals to the fire service on behalf of people to have home safety checks.

## Continuous learning and improving care

- The provider recognised the importance of continuous learning. They shared their plans with us about considering a review of some of their paper-based systems to enable information to be increasingly accessible to staff.