

Mears Care Limited

Mears Care Plymouth

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

The inspection took place on 23 March and 31 March 2017 and was announced. The provider was given notice because the location was a domiciliary care agency (DCA) and we needed to be sure that someone would be in. This was Mears Care Plymouth first inspection since registering with CQC (Care Quality Commission).

Mears Care Plymouth provides a personal care service to people living in their own home. On the days of the inspection 115 people were supported by the agency with their personal care needs.

Prior to our inspection the Commission had received concerns that there had been a high turnover of staff, staff were not turning up for people's visits at weekends and that there had been a medicine error. At the time of our inspection the service did not have a registered manager in post. A new manager had been appointed and was currently applying for registration with the Commission. 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.

People said; "Any problems they bend over backwards to help you sort it." Another person said; "They make him (their loved one) feel safer than I do." Staff said; "Great place to work."

People's care records contained information that described what staff needed to do to provide individual care and support. Staff responded promptly to any changes in people's needs. If required, relatives and health and social care professionals were involved in identifying people's needs. People's preferences, life histories, disabilities and abilities were taken into account, communicated and well documented.

People's risks were monitored and managed well. The agency had policies and procedures in place which were understood by staff to help protect people and keep them safe.

People were kept safe and protected from discrimination. All staff had completed safeguarding from abuse training. Staff displayed good knowledge on how to report any concerns and described what action they would take to protect people against harm.

People who required assistance were supported and encouraged to maintain a varied and healthy balanced diet.

People medicines were managed safely and people told us they were reminded to take their medicines as required to help ensure they received their medicines as prescribed.

People, relatives and staff were encouraged to be involved and help drive continuous improvements in the

way the service was provided. There were effective quality assurance systems in place. This helped ensure positive progress was made in the delivery of care and support provided by the service.

The service sought feedback from people and encouraged people to share their concerns and complaints. The manager confirmed they investigated any complaints or concerns thoroughly and used the outcomes as an opportunity for learning to take place.

The manager had completed training in the Mental Capacity Act 2005. They understood the requirements of the act, and knew how to put this into practice should the need arise.

There were mostly sufficient staff to meet people's needs. When needed the agency sub-contracted to another local agency to cover any visits not covered by Mears Care Plymouth. Staff were trained and had the correct skills to carry out their roles effectively. The service followed safe recruitment practices to help ensure staff were suitable to work with vulnerable adults. Staff described the management as open, supportive and approachable. Staff talked positively about their jobs and felt motivated to provide quality care.

Staff received personal protective equipment such as gloves, aprons and hand gels to support good infection control practices.

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 were protected by safe recruitment practices and there were mostly sufficient numbers of skilled and experienced staff to meet people's needs. Additional staff were sub-contracted from another local agency to cover vacant visits.

People were protected by staff who understood and managed risk. People were supported to have as much control and independence as possible.

People had their medicines managed safely.

People were protected from the spread of infection, because safe practices were in place to minimise any associated risks.

People were protected from avoidable harm and abuse.

Is the service effective?

Good 

The service was effective.

People received care and support that met their needs and reflected their individual choices and preferences.

The manager had good knowledge of the Mental Capacity Act 2005 and how this applied to the people the service supported.

People were supported to access healthcare services to maintain their health and wellbeing.

People were supported to maintain a healthy balanced diet.

Is the service caring?

Good 

The service was caring.

People were supported by staff who respected their dignity and maintained their privacy.

People were supported by staff who showed kindness and

compassion.

Positive caring relationships had been formed between people and staff.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care, treatment and support. Staff knew how people wanted to be supported.

People's needs were reviewed and changes in need were identified promptly and staff practices changed accordingly.

There was a complaints procedure available for anybody to access.

Is the service well-led?

Good ●

The service was well-led.

There was an open culture. The manager was approachable and kept up to date with best practice.

Staff were supported by the manager and management team. The manager and staff shared the same vision and values which were embedded in practice.

Staff understood their role and were motivated and inspired to develop and provide quality care.

Mears Care Plymouth

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was undertaken by one adult social care inspector. The inspection took place on 23 and 31 March 2017 and was announced. The provider was given 48 hours' notice because the location was a domiciliary care agency and we needed to be sure that someone would be in. We followed up the inspection with phone calls to people who received a service, relatives and healthcare professionals.

We reviewed information we held about the service. This included any notifications we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with the manager. We contacted and spoke with fourteen people and five relatives via telephone about the care they received. We also contacted four staff members and two health and social care professionals.

We looked at four records related to people's individual care needs. These records included support plans, risk assessments and daily monitoring records. We also looked at four staff recruitment files and records associated with the management of the service, including quality audits.

Is the service safe?

Our findings

People told us they felt safe. A family member confirmed safe care was provided by staff. One person, when asked if they felt safe with the staff said; "Yes I do feel safe with them if I didn't I would tell them." A relative said; "Very very safe with them and they (staff) are more like friends." A staff member said; "I try to make sure people feel safe when I visit them."

People were protected from discrimination, abuse and avoidable harm by staff who had the knowledge and skills to help keep them safe. Policies and procedures were available for staff to advise them of what they must do if they witnessed or suspected any incident of abuse or discriminatory practice. Training records showed staff had received safeguarding adults training and updates when required. Staff understood and knew how to recognise signs of potential abuse and said they would have no hesitation in discussing safeguarding issues and reporting them. Staff confirmed they were aware of the whistle blowing policy and also the lone working policy.

People were mostly supported by sufficient numbers of staff to keep them safe. Staff confirmed there were sufficient staff employed with the right skills, knowledge and experience to meet people's needs. People had visiting times at set times across the week. The manager informed us staffing levels were dependent upon people's needs. People said they had always been able to rely on the agency to turn up. One person said; "No missed visits - ever." A relative said the agency had never let their loved one down and their loved one was; "Very pleased with the staff." The weekend following our first visit the service did not have sufficient staff to cover all weekend visits. However the manager had a contingency plan in place. This involved sub-contracting to another local agency to cover any visits not covered by Mears Care Plymouth. The whistle blowing concern reported to the Commission had been taken seriously by the agency and additional staff had been recruited and the agency sub contracted if needed. This helped to ensure no one had any visits missed.

People said staff mainly arrived on time. If staff were going to be very late the agencies policy was that staff needed to notify them to contact the person concerned. The agency also had a "tag" system in place. Staff had to check into people's home by scanning the tag which showed times of arriving and leaving. If staff were late this would show at the agency main office and plans would be put into place to ensure cover was provided. An on call service was available to support any staffing difficulties in the event of sickness or unplanned absence. The on call service had the essential information they needed to ensure replacement staff had the necessary skills to meet people's care safely. All staff confirmed the on call system always worked and there was always someone available to contact.

People were protected by safe recruitment practices. Required checks had been completed. For example, personnel files held a history of previous employment details. Additional checks had been carried out prior to staff commencing their employment to ensure they were suitable to care for people who were vulnerable. Staff confirmed these checks had been applied for and obtained prior to them commencing their employment with the service.

Before the agency provided support to people, an initial care plan and risk assessments took place. This helped to ensure the service would be able to safely meet the needs of the person concerned and took account of risks associated with lone working and environmental risks. This helped ensure people and staff would be protected. Assessments included checking the equipment in people's homes had been serviced and that it was in good working order and the correct equipment was in place for people, for example hoists. Risk assessments included details about whether people required two staff to safely move them. Information about how to access people's home was known and stored safely.

People's personal risks associated with their care were known and recorded, for example those at risk of skin damage or who required a particular diet. People and their family members confirmed staff gave safe care and took account of these risks ensuring skin creams were applied. One person said; "The staff always know what cream goes where when they wash me." People told us staff knew the risks associated with their health needs and looked out for possible signs they were not well.

People's medicines were well managed safely by staff. Staff were appropriately trained and confirmed they understood the importance of the safe administration and management of medicines. The staff confirmed, if they were delayed, they had systems in place to ensure people received their medicines on time. One person said; "They are very good with my medicines and always check that I have taken them." Medicine administration records (MARs) we reviewed at the company's office were completed. The medicine errors reported to the Commission had been investigated by the provider and appropriate steps had been taken to help ensure no further errors happened. For example additional staff training.

Staff received personal protective equipment such as gloves, aprons and hand gels to support good infection control practices. Staff confirmed they had received training and wore protective clothing as they carried out personal care. People told us staff always wore gloves and aprons.

Is the service effective?

Our findings

People were supported by knowledgeable, skilled staff who effectively met their needs. One person said; "Can't fault them - they are brilliant." Another said; "They know what they are doing." A relative said; "They do what they can to help my husband. This makes it easier for me."

People told us the staff always involved them in their care and asked for their consent before providing support. Records showed consent had been obtained and people had signed to confirm this before care was provided. One person said, "They check if I am happy with what they are going to do."

Staff received an induction when they first started working at the agency and the manager confirmed new staff completed the Care Certificate (A nationally recognised set of skills training). Staff had a probation period and their progress was monitored. The manager carried out spot checks on staff to ensure they were up to date with their training and competencies.

Staff received appraisals and regular supervision. These provided staff with opportunity to discuss areas where support was needed and encouraged ideas on how the service could improve. Staff confirmed they had opportunities to discuss any issues about how best to meet people's needs during their one to one supervisions and appraisals.

People were supported by staff that had completed training. Additional training was planned to support staffs' ongoing learning and was updated when needed. Training was also arranged to meet the individual, specific needs of people the service agreed to support, for example, manual handling training. Staff confirmed they had received training in using equipment, for example hoists. When asked if they received training to meet people's needs, choices and preferences, comments included; "I did so much training when I first started it was great" and another said; "They (Mears Care) are hot on updating training." Staff felt this enabled them to consistently provide effective support. The manager monitored the training skills required to meet each person's package of care and ensured staff competency was regularly checked.

The manager understood the Mental Capacity Act 2005 (MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. The MCA provides a legal framework for acting and making decisions, on behalf of the individuals who lacked mental capacity to make particular decisions for themselves. Best interest meetings had taken place when required and the details and outcome of these meetings had been recorded in people's care plan. Most staff had completed training in the MCA and additional training was planned.

People who required support with food and drink were supported and encouraged to maintain a healthy balanced diet. Staff when requested, provided people with meals, snacks and drinks during their visit. Staff knew which food people could have, which was in line with guidance from professionals, and which foods to avoid and could pose a risk. Clear records detailed people's dietary needs.

People, who were able, made their own healthcare appointments by themselves or with assistance from

their relative or friends. The manager confirmed referrals to relevant healthcare services were made as required when changes to health or wellbeing was identified. A health and social care professional told us the agency managed very complex cases well, for example people with mental health issues. They told us, staff knew people well and monitored people's health on a daily basis. If staff noted a change they would discuss this with the individual and, with consent, seek appropriate professional advice and support. People's records gave specific guidance on their health needs and how to respond in an emergency. For example a person who might require additional visits for their skin care from the district nurse. Essential contact numbers specific to people's health care were recorded. Records showed staff had followed emergency procedures, called the paramedics when needed and ensured essential information went with the person to hospital after one person had become unwell.

Is the service caring?

Our findings

People were well cared for and treated with kindness and compassion. One person said; "Can't fault them." Another said; "They are always polite and courteous." A relative said; "One carer looked after [...] (their relative) really well today." People's needs regardless of their disabilities were met by staff in a caring and compassionate way. People told us they felt as though they mattered. People and their family confirmed they were involved in planning their care.

People received care, as much as possible, from the same staff member or group of staff members which helped ensure continuity of people's care. Some people said they only had a small team of staff caring for them and one said; "I have the same two carers visit." A relative told us, "We mainly get the same group which helps my husband as he is not able to communicate. This really helps."

People confirmed their privacy and dignity was respected by all staff. People said the staff respected them and made sure they were comfortable and had everything they needed before they left. A health care professional told us they had only received positive comments about the care provided by the agency.

People confirmed they were supported to stay as independent as possible, for example staff would support them to wash areas of their body they were able to independently, but assist them with areas they could not reach. One person said; "They always do my back for me." Staff worked at people's own pace to enable them to remain independent and care as much for themselves as possible. People's records recorded how staff were to help maintain people's independence, for example staff were to encourage people to use their walking frame to keep them mobilised.

Staff told us, "I enjoy chatting and helping people." Another said; "I always let the office know if I'm running late" and "I love my job helping caring for people." Staff had genuine concern for people's wellbeing. Staff commented they felt passionate about the support they gave and explained the importance of adopting a caring approach and making people feel they mattered. Staff were clearly compassionate about making a difference to people's lives.

People told us how the service had helped to improve their lives by promoting their independence and well-being. A health care professional commented how well the agency had supported people with their complex needs. They went on to say how the service helped to support people to remain in their own homes even with complex needs. One relative told us how much the staff had helped them. They said their loved one had been unwell and the agency had carried out extra visits. They said of the agency; "I only have to contact the office and they sort things for me."

Is the service responsive?

Our findings

People's views and wishes were taken into account when planning care. Thorough assessments of people's needs took place prior to people being supported by Mears Care Plymouth. The manager would sometimes visit people at home or hospital to gain an understanding of their needs, expectations and wishes. Other people were referred by the local authority as Mears Care Plymouth had a contact with them to provide a set number of hours per week to people. Support plans had been written from the person's perspective and included information about how the person needed or wanted to be supported. For example, care records held detailed information that if people's health deteriorated at any time a named person, for example a district nurse, would be contacted to update them. Staff confirmed they would contact the agency's office if they noticed any changes in people's needs. The next of kin would also be contacted if required. This showed us the service flexibly responded to people's changing needs.

One relative had contacted the agency's office to say; "Pass on our thanks to [...] (named staff member) for calling the paramedics and staying with mum until she went to hospital." Another comment passed on said; "How good the carers were this week when she had been unwell. The (carers) had gone the extra mile in the care to her." A comment passed to a staff member said; "He doesn't know what he'd do without us (Mears care staff))."

A healthcare professional stated the agency would be very responsive to a short notice request for assistance for people. They spoke highly of the way the agency responded to people's needs. They went onto say how the agency took appropriate steps to raise concerns with any other professional agencies involved with people. They went onto say how Mears Care Plymouth was the first agency they went to for support for most of their clients.

People's health needs, communication skills, abilities and preferences were known. Care plans held detailed information on what support was required and what people could do for themselves and what tasks staff carried out. The manager confirmed that people and, if appropriate, their family were regularly consulted to help ensure care records reflected a person's current needs. A relative and people confirmed they had been involved in their care plans. With one saying a review was booked for next week.

People had their individual needs regularly assessed and updated to help ensure personalised care was provided. People said how well the agency had responded to their care needs and did an excellent job in helping them. People went on to say how they had helped to complete the care plan to record the support they needed. One relative said; "We have been asked about completing the care plan." Arrangements were in place to help ensure care records were reviewed and documented when people's changes in needs had been identified.

Staff members ensured they communicated important messages about each person with other staff. One said; "We write in the daily records for the next staff member coming into people's homes. This is so they are aware of any concerns we might have."

People and their relatives knew who to contact if they needed to raise a concern or make a complaint. The service had a policy and procedure in place for dealing with any complaints. This was made available to people, their friends and their families. No one we spoke with had any complaints about the service. One person said if they were unhappy with anything they contacted the agency and they responded very very quickly. People felt confident they could call the office if they had any issues. People and families felt confident and comfortable sharing their views and experiences of the care they received. The manager confirmed any concerns or complaints received were recorded and analysed to look for themes. Reflection and learning was then used to reduce the likelihood of a similar complaint occurring.

Is the service well-led?

Our findings

There was a management structure in the service which provided clear lines of responsibility and accountability. A new manager had been appointed and would be registering with the Commission. The manager had overall responsibility for the service. They were supported by a number of office administrators and care coordinators. People told us they knew who to speak to in the office and had confidence in the manager and office staff. A relative sent a message to the agency's office stating; "Say thank you to the office staff for sorting out extra care for her mother when she had to go for an emergency dental appointment."

A healthcare professional said the manager was approachable and would contact them to discuss any issues promptly. Another said that they used the agency with confidence and had only received compliments about the service. Staff all agreed it was a good company to work for and many staff had worked for the company for a long time.

Mears Care Plymouth was found to be well led and managed effectively. The company's values displayed on their web site stated; "Mears Care Plymouth is committed to flexible and quality care services to help older adults and many other individuals to remain in the comfort of their own homes." Information provided to people when they moved into the service set out these values and staff we spoke with understood these values.

The provider had policies in place that showed regard to the duty of candour process. This demonstrated they supported a culture of openness and transparency. The manager promoted the ethos of honesty, learning from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment. The manager sought feedback from relatives, friends and health and social care professionals to enhance the service.

The manager was involved in all aspects of the day to day running of the service. There was an open culture, people felt included and strong links had formed between people, their families and health and social care professionals. One person said; "The manager and office staff are always approachable." Another said; "I contact the office and they help me with any questions." Others said they had phone calls from the office if there was a problem for example, if staff were running late.

The manager understood they needed to notify the Commission of all significant events which occurred in line with their legal obligations. The provider had an up to date whistle-blowers policy which supported staff to question practice and defined how staff who raised concerns would be protected. Staff said they would not hesitate to raise concerns with the provider or manager and were confident they would act on them appropriately.

The manager inspired staff to provide a quality service and to be actively involved in developing the service. Staff supervision and appraisals provided by the manager evidenced there were processes in place for staff

to discuss and enhance their practice. Staff said supervision was beneficial. Staff received regular support and advice from the manager and office staff via phone calls and face to face meetings. Staff told us the management were very supportive and readily available if they had any concerns. Staff confirmed they were happy in their work, were motivated by the manager and understood what was expected of them. Comments included; "Really happy working for them" and "I really enjoy my job."

There was an effective quality assurance system in place to drive continuous improvement of the service. The manager carried out regular audits which assessed the quality of the care provided to people. The manager undertook spot checks covering punctuality, care, the person's home environment and ensuring dignity and respect were provided by staff. The manager said checks would also include reviewing the care records kept at the person's home to ensure they were appropriately completed.