Mears Care Limited

Mears Care Darlison Court

Inspection report

Darlison Court
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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

We carried out an announced inspection of the service on 8 February 2017. This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is bought or rented, and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

People using the service lived in 10 ordinary flats in one building in Hucknall, Nottingham. Other people who did not receive personal care services, also lived in this building.

A registered manager was present during the inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

Mears Care Darlison Court currently supports 10 people who receive some element of support with their personal care. This is the service's first inspection under its current registration.

People felt safe when staff supported them. Staff knew who to contact if they had concerns about people's safety. Risks to people's health and safety were assessed and acted on. Safe staff recruitment processes were in place. Enough staff were available to meet people's needs. Safe medicine management processes were in place and people received their prescribed medicines safely. A review of the use of 'as needed' medicines was carried out following our inspection. Staff understood how to reduce the risk of the spread of infection. Processes were in place to investigate accidents and incidents appropriately.

People's care was provided in line with current legislation and best practice guidelines, without discrimination. Staff were well trained and their performance was regularly assessed. People's food and drink intake was monitored to ensure conditions such as diabetes were managed effectively. Effective relationships with external health and social care organisations were in place and people's health was regularly monitored. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; there were policies and systems in the service support this practice. However, we did note the principles of the Mental Capacity Act 2005 had not been correctly applied when decisions were made for one person.

People felt staff treated them well and were kind, caring and respectful. Staff were compassionate and offered people reassurance when needed. Information about how to contact an independent advocate was available in communal areas but not in people's homes. Staff treated people with dignity and formed positive relationships with them. People's confidential records were treated respectfully and stored securely.

Prior to starting with the service, people's needs were assessed and care plans developed to enable staff to respond to their needs. Staff monitored people's changing health well. External professionals were requested to offer guidance and support for people and staff. People's individual preferences had been taken into account when their care was planned. People's cultural and religious needs were discussed with them and staff were aware of the support needed with this. People were treated equally, without discrimination and systems were in place to support people who had communication needs. People felt able to make a complaint and were confident it would be dealt with appropriately.

People felt their opinions mattered and told us they enjoyed living at Darlison Court. Staff enjoyed their jobs and felt valued. Excellent staff performance was rewarded. People and staff told us they would recommend this service to others. The registered manager was well liked and worked hard to implement the provider's values into the service. The registered manager and the provider continually looked to improve the service. Quality assurance processes were in place and these were effective.

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 felt safe when staff supported them. Staff knew whom to contact if they had concerns about people's safety.

Risks to people's health and safety were assessed and acted on. Safe staff recruitment processes were in place.

Enough staff were available to meet people's needs. Safe medicine management processes were in place.

Staff understood how to reduce the risk of the spread of infection. Processes were in place to investigate accidents and incidents appropriately.

Is the service effective?

Good

The service was effective.

People's care was provided in line with current legislation and best practice guidelines, without discrimination.

Staff were well trained and their performance was regularly assessed. People's food and drink intake was monitored to ensure conditions such as diabetes were managed effectively.

Effective relationships with external health and social care organisations were in place and people's health was regularly monitored.

The principles of the MCA were adhered to although an assessment for one person was needed.

Is the service caring?

Good

The service was caring.

People felt staff treated them well, were kind, caring and respectful. Staff were compassionate and offered people reassurance when needed.

Information about how to contact an independent advocate was available in communal areas but not in people's homes.

Staff treated people with dignity and formed positive relationships with them.

People's confidential records were treated respectfully and stored securely.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed and care plans put in place to enable staff to respond to their needs.

Staff monitored people's changing health well and external professionals were requested to offer guidance and support both for people and staff.

People's individual preferences had been taken into account when their care was planned. People's cultural and religious needs were discussed with them and staff were aware of support needed with this.

People were treated equally, without discrimination and systems were in place to support people who had communication needs.

People felt able to make a complaint and were confident it would be dealt with appropriately.

Is the service well-led?

Good

The service was well led.

People felt their opinions mattered and told us they enjoyed living at Darlison Court. Staff enjoyed their jobs and felt valued. Excellent staff performance was rewarded.

People and staff told us they would recommend the service to others. The registered manager was well liked and worked hard to implement the provider's values in the service.

The registered manager and the provider continually looked to improve the service. Quality assurance processes were in place and these were effective.

Mears Care Darlison Court

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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took place on 8 February 2018 and was announced. We gave the service 48 hours' notice of the inspection because we needed to be sure that people who used the service would be available.

The inspection team consisted of 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 the inspection, we reviewed information we held about the service, which included notifications they had sent us. A notification is information about important events, which the provider is required to send us by law. We also contacted Local Authority commissioners of adult social care services and Healthwatch and asked them for their views of the service provided.

We used information the provider sent 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.

The inspection was informed by both the feedback received from the people and staff we spoke with during the inspection as well as feedback from questionnaires. We sent 21 questionnaires out to people who used the service, relatives and staff. We received seven responses. The majority of those response were positive about this service.

During the inspection process, we spoke with six people who used the service and one relative. We also spoke with three members of the care staff, a supervisor and the registered manager.

We looked at all or parts of the records relating to five people who used the service as well as staff

recruitment records. We looked at other information related to the running of and the quality of the service. This included quality assurance audits, training information for care staff, staff duty rotas, meeting minutes and arrangements for managing complaints.

After the inspection, we asked the registered manager to provide us with their training matrix and a revised 'as needed' medicines protocol. The registered manager sent these within the requested timeframe.

Good

Is the service safe?

Our findings

All of the people we spoke with told us they felt safe when staff supported them in their homes. One person said, "I have the pendant (a device used to call staff if they needed urgent assistance) for example when I need the toilet and they [staff] come quickly. It's good, you know there is someone at the other end." Another person said, "[My family member] is going away for a month in the summer. I was reassured when [name of staff member] said 'don't worry we'll look after you'."

People were supported by staff who understood how to protect them from avoidable harm. A safeguarding policy was in place to inform staff of whom to report concerns to both internally and to external agencies. The staff we spoke with understood this process and had also received safeguarding adults training. The registered manager had a good awareness of their responsibilities to protect people by informing the relevant authorities of any allegations made and investigating them appropriately where needed.

Where risks to people's health and safety had been identified, regular reviews were carried out to ensure the support provided by staff reduced the risk to people's safety. These assessments included people's ability to manage their medicines independently, risks in people's homes, whether people may present behaviours that may challenge others and their ability to manage their own personal care. Where risks had been identified, care plans were put in place to guide staff on how to support people in the least restrictive way possible.

People living in this extra care housing scheme were able to undertake some daily living tasks independently and without staff support. However, people told us staff were available to them when they needed them. One person said, "I have three set calls, one in the morning, one at tea time and one in the evening. The last one is to make sure I get my tablets at the right time." The registered manager told us there was a flexible approach to the time calls were made and how long they lasted. They told us people were able to change their requirements to suit them and everything possible was done to accommodate them. We were also told that some people liked to save their allocated hours and then use them for social activities with their preferred staff members. This flexible approach to staff support, meant people were not always restricted to set call times, giving them freedom to lead their lives how they wanted to.

Recruitment procedures were in place, which were designed to ensure people were protected from unsuitable staff. Checks were carried out on staff identity and past employment as well as a criminal record check. These checks contributed to people feeling safe with the staff who supported them.

People required varying levels of support with their medicines. Some were able to manage and administer these themselves, others needed some support from staff. People did not raise any concerns with us about how they were supported with their medicines. Medicines were stored safely in each person's flat and when people required staff support, this was recorded on medicine administration records (MAR). MAR are used to record when a person has taken or has declined to take their medicines. It allows the registered manager to identify and act on any themes which could affect people's well-being. We looked at the MAR for three people and found these to be appropriately completed.

We noted one person required a medicine that was to be administered on an 'as needed' basis. 'As needed' medicines are only administered when necessary, for example to support a person who showed signs of increased pain or anxiety. This person had been prescribed this medicine to support them when they showed increased levels of anxiety. The guidance in place for staff was limited and did not state the level of anxiety that should be reached before the medicine was administered. This increased the risk of inconsistent administration. However, we did note from the person's records that the medicine had only been administered once and the reason why had been recorded. After the inspection, the registered manager forwarded a detailed protocol which they had put in place for staff to follow. This gave staff a variety of alternative methods to use to reduce the person's level of anxiety. Once these had been exhausted and were not successful, only then should the medicine be administered. This reduced the risk of inconsistent administration.

Records showed staff had received training on the safe administration of medicines and received on-going assessment of their competency. A staff member we spoke with confirmed this.

Staff had completed infection control training to help them to reduce the risk of the spread of infection within people's homes. We noted where staff supported people with domestic tasks within their homes, the level of support needed had been recorded within people's care records. This ensured people's right to live in their homes in the way they chose was respected.

The registered manager had processes in place that ensured if an accident or incident occurred these were investigated and acted on, to reduce the risk of reoccurrence. The registered manager told us at the time of the inspection no accidents or serious incidents had occurred. They also told us that if improvements to staff practice were needed following an accident, this would be discussed during supervisions or team meetings.

Good

Is the service effective?

Our findings

People's physical, mental health and social needs were assessed prior to them starting to use the service. Care plans were then put in place with subsequent care and support provided in line with current legislation and best practice guidelines. We saw guidelines relating to diabetes, nutrition and supporting people with arthritis had been included in people's care records. Staff spoken with were confident they provided care in line with this guidance.

People's care and support was assessed and provided in adherence with the protected characteristics under the Equality Act. Staff had completed equality and diversity training and were aware of their responsibilities to ensure all people were provided with the support they wanted, without fear of discrimination. None of the people we spoke with raised any concerns that staff did not respect their diverse needs.

People told us they were happy with the support they received from staff and felt this was provided in an effective way. One person said, "The hardest thing is getting used to people showering you. You get used to it. I am even okay with a male carer. They never make me feel uncomfortable. The male carer always tells jokes." Another person said, "Of course there are some carers who are better than others but it's about give and take."

Staff had either completed or were in the process of completing the Care Certificate. The Care Certificate is a set of standards social care and health workers adhere to in their daily working life. It is the minimum standards that should be covered as part of induction training of new care workers. Staff spoken with told us they felt well trained and supported by the registered manager. Staff received regular spot checks to assess the competency of their practice as well as on-going supervisions. During these supervisions staff members were able to discuss any concerns they had with the registered manager. The registered manager in turn, highlighted good practice and areas where improvement may be needed. Staff were also encouraged to undertake external professional qualifications such as diplomas (previously known as NVQs) in adult social care. The comprehensive induction, training, assessment of competency and professional development, contributed to people receiving effective care and support.

Some of the people we spoke with received support from staff with food preparation and they were pleased with the support they received. One person said, "It's good, I get my meals done for me. I generally have porridge in the morning." Another person said, "As for choosing meals I usually have toast for breakfast, a carer will often suggest something and I'm usually happy."

People's food and drink preferences were recorded. The registered manager told us people's cultural or religious needs in relation to food preferences were discussed with people when they started to use the service. However, at the moment there were no people who required support with this.

Some people had conditions that required their food and drink intake to be monitored. This was to ensure they did not consume anything that could cause them harm or, was needed to help manage the symptoms of a condition. Where specific support was needed, best practice guidelines had been recorded within their

care plan for staff to follow. For example, guidance was in place to support a person living with diabetes and the need to consume low sugar food and drink. We also saw nutritional guidelines for people living with rheumatoid arthritis. The guidance suggested a variety of foods for them to each such as, eating cold water fish to help manage the symptoms and to reduce discomfort for the person.

People told us they received the help they needed to maintain good health. People had regular access to healthcare professionals and staff were vigilant to changes in people's health. Where people's health deteriorated professional input was requested in a timely manner. For example, one person's behaviour had changed and staff thought this may have been as a result of a water infection and an assessment was requested from their GP.

People's care records contained sufficient information for other health or social care services if people required treatment from them. Care records were detailed and contained enough personalised information to ensure the process caused minimal impact and disruption for people. Where people required assistance with attending external healthcare appointments, staff were available to support them.

The majority of people using the service were able to make decisions for themselves about all aspects of their care and support. One person told us, "When we sorted out the care we told them what I wanted and it's worked out."

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

We noted people were able to make most decisions for themselves and therefore, a formal MCA assessment was not required. We saw people had signed documentation stating they had given their consent to a number of areas of their care. This included giving their written consent for new staff members to attend calls and observe care with more experienced staff.

We did note in one person's records that they may not have been able to give staff consent to manage their medicines for them. The registered manager agreed and told us they would carry out a mental capacity assessment immediately as well reviewing all other people's records. This would ensure the person's rights were respected.

Good

Is the service caring?

Our findings

People told us they liked the staff who supported them and found them to be kind and caring. One person said, "Staff here bend over backwards to help you. There is no griping, nothing is too much trouble, and they are happy and cheerful. They are always interested in what you have to say." Another person praised the staff but did say they wanted more time to spend talking with them. A third person said, "Staff are kind and caring and give lots of cuddles."

People felt staff treated them respectfully and were able to communicate effectively with them, without discrimination. Records showed staff had received training to communicate effectively with people and we found care records contained guidance for staff for people who may have difficulties expressing their wishes. We also saw a session had been arranged with a leading national dementia organisation, for people and relatives who may have 'questions about dementia'. This session was designed to support people and their families with any concerns they may have about this condition.

People told us staff supported them in the way they preferred. A one-page profile at the front of each person's care record contained a quick overview of people's needs, plus their personal preferences, likes and dislikes. Staff used this information to form meaningful relationships with people. We observed one staff member engage in a conversation with a person where it was clear they really knew them and understood what was important to them. This made people feel valued and respected.

Information was not currently available in people's flats about how they could access an independent person to support them with making decisions. These people are known as an advocate. Advocates support and represent people who do not have family or friends to advocate for them at times when important decisions are being made about their health or social care. we did note the details for an advocacy service were available in the registered manager's office as well as the communal noticeboard. However, the registered manager agreed to support people's right to make independent choices, this information would be available to all people in their homes if they wished.

Staff had completed privacy and dignity training and could explain how they supported people in a way that protected these areas. We observed staff speaking with people respectfully. We saw one staff member, when leaving a person's home, asked whether they wanted their door leaving open or closed to respect their privacy. The choice made by the person was respected.

Staff spoke with empathy, understanding and discretion when we asked them about the people they supported. They were compassionate and offered reassurance to people when they showed signed of distress. One person we spoke with had concerns about a procedure they were due to have soon. The staff member reassured the person and gave them information about how the procedure would take place, and offered a calming stroke of their hand. This compassionate approach had a positive effect on the person with them saying, "Ok, that doesn't sound too bad."

People's care records were treated respectfully within the provider's office ensuring the information within

them was treated confidentially. Records were stored in locked cabinets away from communal areas to prevent unauthorised people from accessing them. The registered manager was aware of the requirements to manage people's records in accordance with the Data Protection Act.

People were supported to lead independent lives. The flexible approach to allocation and use of the assigned weekly hours of support each person received empowered people to make independent choices about their care. The registered manager told us staff rotas were amended wherever possible to accommodate people's wishes and preferences.

Good

Is the service responsive?

Our findings

Before people started to use the service an assessment was carried out to ensure people could receive the support they needed. This assessment took into account people's mental and physical health and detailed care plans were then put in place. People told us these care plans were discussed with them and they agreed with the content. One person told us they were, "fully involved and at the end (of the assessment process) I signed it."

We noted care plans were regularly reviewed and people had been involved with this process. Where people's needs had changed, care plans were amended to reflect these changes. This enabled staff to respond effectively to people's changing care and support needs. We spoke with one person about their care needs and they praised the staff by saying they did everything that they wanted them to do.

People's care records also contained detailed communication logs which were used to record how staff had supported them that day. They also included key information that staff starting a new shift should be aware of. This included whether people had not eaten their meals, felt ill or had an external appointment. Daily handovers between staff shifts took place, which enabled staff to discuss people's care needs for that day. This ensured staff could respond effectively and to provide a consistent level of care for all people.

Processes were in place that ensured staff understood the changing health needs of the people they supported. The registered manager told us, and records confirmed, that permission had been requested from people for staff to attend meetings with them and visiting external health and social professionals. These meetings with professionals such as occupational therapists, were in place to discuss people's evolving health needs. The registered manager told us attending these meetings was vital to enable them and their staff to respond appropriately should people's health needs become more complex.

People's individual needs and preferences had been taken into account when care was planned for them. One person told us their preferred time for going to bed was respected by staff and their final call of the day was planned specifically to respect their choice. The person said, "I like to go to bed late. They [staff] do that late call to help me." We noted people had been asked how they would like to be addressed, with some people preferring shortened forms of their name to be used. We observed staff respecting people's wishes. People's preferences for how they would like staff to support them with their personal care were also recorded.

We noted people's religious beliefs had been discussed with them prior to commencing with the service. Some people had described themselves as 'non practising'. However, one person had stated that sometimes they wished to pray and their care records had been updated to ensure staff respected their wish.

The Accessible Information Standard ensures that provisions are made for people with a learning disability or sensory impairment to have access to the same information about their care as others, but in a way that they can understand. The registered manager had an awareness of this standard and told us they were in

the process of reviewing the documentation used within the service to ensure people were not discriminated against. They told us there was soon to be a transfer from paper to computerised care planning documentation. They said this would offer opportunities to present people's records in a more accessible way.

People told us they had been encouraged to take part in group activities that were organised for people who received support from staff, but also others in the building. This offered people the opportunity to meet others and to reduce the risk of social isolation. One person told us they had attended coffee mornings and seasonal activities. They also said, "I am friends with a lady here and carers help to get us together."

We noted people were offered opportunities to attend activities and events in the local community. Details of a local 'dementia friendly' swimming session and 'Pilates for the over 60s' were made available for people. Other activities were also provided such as 'Fish and chip Friday' as well as a Valentine's Day event for family and friends to attend with people.

Technology was used to ensure that people received timely care and support. People were issued with a pendant to help them alert staff if they needed urgent help. We asked a person we spoke with to press their pendant to see if staff responded quickly. We timed their response at less than a minute. This showed staff were alert and responded quickly to people's needs.

People told us they felt confident to raise a complaint and they would speak with either a member of staff or their family member to act on their behalf. No formal complaints had been received at the time of the inspection. However, we were informed of a concern raised by a relative about their family member. We spoke with the relative and the registered manager about this. The registered manager told us they hoped to resolve the matter with them and would keep us informed of the outcome.

Good

Is the service well-led?

Our findings

People told us they enjoyed living at Darlison Court and praised the quality of the care they received. One person said, "Well I do feel relaxed and comfortable here." The two people who responded to our questionnaire both told us they would recommend this service to others.

People were able to give their feedback about the service to contribute to the continued development and improvement of the service. People told us they were regularly asked for their views and we noted the service's first annual survey had been sent out to people and their relatives. The registered manager told us the results of this survey would help to identify any areas where improvements were needed and they would be acted on quickly. People we spoke with had confirmed they had received the questionnaire.

A 'residents' committee' was in place. This committee was for all people who lived at Darlison Court, including those who did not receive support from Mears staff. The registered manager told us people were invited to attend. They told us they also attended to ensure that when decisions were made that could affect the people supported by Mears staff, that they had a "voice" speaking on their behalf. This ensured people's views were heard and acted on.

Staff told us they enjoyed working at Darlison Court. One staff member said, "It is a calm and friendly environment to work in. I really enjoy it." Another staff member said, "I enjoy coming to work." Staff felt valued and their opinion mattered. Excellent staff performance was rewarded with nominations for 'Smile Awards'. If successful, staff had the opportunity to attend the national award conference to recognise outstanding performance.

Staff were encouraged to develop their skills and adherence to the provider's corporate values, via the Social Values Project. The registered manager told us staff were given ten hours of paid leave a year to undertake voluntary work within the local community. They also told us the aim was for staff to use their learning to support people at Darlison Court to improve the quality of their life. We noted there was a 'Social Values Calendar' in place. This suggested themes each month that staff should embrace, with the benefit of improving both their and people's experience at Darlison Court. There were fun themes such as 'Valentine's Day, which at the time of the inspection, a party was being planned for. Other, more serious themes such as 'Obesity' formed part of the on-going opportunities for development at Darlison Court.

People were supported by staff who understood how to identify and act on poor practice. A whistleblowing policy was in place. Whistleblowers are employees, who become aware of inappropriate activities taking place in a business either through witnessing the behaviour or being told about it. All four of the staff who responded to our questionnaire told us they felt confident in raising any concerns they had about poor practice.

Staff felt empowered to raise any concerns they may have about people's care or to raise areas where they felt the service could be developed or improved. The staff we spoke with praised the open and welcoming approach of the registered manager.

The registered manager currently managed one other extra care housing scheme in addition to Darlison Court. We asked them whether they had the time needed to manage both services effectively. They told us they did. They shared their time between the two and if there were any areas of concern at either service, they told us they gave it their full attention. The registered manager told us they had confidence in the staff who worked at Darlison Court to carry out their roles effectively in their absence. A team leader was in place at Darlison Court whenever the registered manager was not there. We spoke with the team leader during the inspection and had confidence that they understood their role. Staff were held accountable for their role, and regular spot checks of their performance were carried out. When improvements in performance were needed, support was offered to the staff. The registered manager had a clear understanding of their role and responsibilities. They had the processes in place to meet the requirements of a registered manager with the CQC and other agencies, such as the county council safeguarding adults team.

The registered manager had the experience needed to manage the service effectively. They were continually seeking to expand their knowledge and expertise. They told us they attended meetings with other registered managers from within the provider's group of services. These meetings enabled them to learn from others' performance and to act on provider wide requirements. They were also a member of the local 'Optimum Workforce Leadership' group. This group's vision states, 'Our vision is for a knowledgeable and skilled care workforce, competent in delivering social, healthcare and support that strives towards delivering best practice in the interests of clients at all times'. The registered manager told us they used the knowledge of membership of this group to develop their skills with the aim of improving people's experience at Darlison Court.

Quality assurance systems were in place to help drive continued improvements at the service. Audits included regular reviews of people's care records and medicines. These audits identified areas that were performing well, but also helped the provider identify areas that required some improvement. The registered manager and the provider worked together to help continually improve the quality of the service provided for people. Action plans were in place following provider audits with the registered manager held to account for ensuring any recommendations and improvements were made.