

Mears Care Limited

Mears Care Limited Leeds

Inspection report

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29 October 2019

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

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

Mears Care Limited Leeds is a domiciliary service providing personal care to 100 people aged 65 and over at the time of the inspection.

People's experience of using the service

We found the provider did not always maintain appropriate or accurate records relating to supervisions, medicines and audits. Supervisions had not always been recorded, and medicine audits did not always identify the recording issues we found.

People felt safe with staff entering their homes and carrying out care. Staff protected people from harm and systems were in place to reduce the risk of abuse and to assess and monitor potential risks to people.

People received their medicines. However, records of medicine administration charts were not always accurate. Risk assessments had been completed and were reviewed. Incidents and accidents were managed effectively; lessons were learned to prevent future risks.

There were enough skilled and experienced staff to meet the needs of people who used the service. Staff completed training, supervisions and appraisals. Supervision records were not always carried out.

People said staff were kind and caring. Staff treated them with respect and dignity. People were involved in decisions about their care. People's right to privacy was maintained by staff.

People were involved in meal choices and supported to maintain a balanced diet. Health needs were regularly monitored, and staff involved healthcare professionals when required.

Staff understood their responsibilities in relation to the Mental Capacity Act 2005. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. Staff understood people's likes, dislikes and preferences and people were offered choices about their care.

A complaints system was in place and complaints were managed effectively. People told us they knew how to complain if needed.

Surveys and telephone quality checks were carried out with people to gather their views. Meetings took with staff to communicate changes within the service.

Staff provided mixed reviews about the communication within the service between the carers and office staff. Some people felt communication could be improved in relation to changes with their visits.

We found one breach of regulation 17.

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 requires improvement (published 6 November 2018).

Why we inspected

This was a planned inspection.

Follow up

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, 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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

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 ●

Mears Care Limited Leeds

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by two inspectors, an assistant 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.

Service and service type

Mears Care Limited Leeds 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

This inspection was unannounced.

Inspection activity started on 21 October 2019 and ended on 29 October 2019. We visited the office location on 21 October 2019 and 25 October 2019. On the 22 and 29 October 2019, telephone calls were made to people using the service, their relatives and staff.

What we did before the inspection

The provider sent us a 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. This information helps support our inspections. We reviewed information we had received about the service, such as details about incidents the provider must notify CQC about, for example incidents of abuse. We reviewed all other information sent to us from stakeholders such as the

local authority and members of the public. We used all of this information to plan our inspection.

During the inspection

We spoke with eight people to ask about their experience of the care provided and two relatives. We spoke with the nominated individual (The nominated individual is responsible for supervising the management of the service on behalf of the provider), regional manager and five staff members. We were unable to speak with the registered manager as they were not available. We looked at six people's care records and medicine records. We looked at five staff files for recruitment, supervision and appraisal and training records. We also looked at quality monitoring records relating to the management of the service such as audits and quality assurance reports.

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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- People received their medicines. However, medication administration records (MAR) were not always accurate and audits had not always identified these issues. We have included more information about this in the well led domain.
- We also found one MAR which recorded a paracetamol being administered at 09.45 and then again at 12.30. This was outside of the 4-hour recommendation for administration. There was no record to show how many tablets had been given and at what dose. This did not follow the providers medicine policy. This was the only medication error found and the regional manager took immediate action to investigate this and to prevent any other incidents occurring.
- Staff who administered medicines had received up to date medicine training and their competency to administer had been completed.
- We discussed the medicine issues we found with the provider. The provider said they were in the process of moving over to a new electronic system which would help to ensure accurate records were kept.

We recommend the provider ensure all medicine errors are investigated in a timely manner.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with staff entering their homes and providing care. Comments included, "Yes. I am very safe" and "Oh yes, they're nice staff that come."
- Staff had a good awareness of safeguarding processes and knew who to inform if they witnessed or had an allegation of abuse reported to them. One staff member said, "I would ring the office and escalate it to the human resources team. I would also contact the CQC if needed."
- There was a safeguarding policy which was followed by all staff and any safeguarding's fully investigated.

Assessing risk, safety monitoring and management

- Risk assessments were carried out and reviewed when required.
- Staff were given guidance to follow to mitigate potential risks. For example, staff were advised to support a person with their continence care at every visit to reduce the risk of pressure sores.
- Staff knew peoples risks and how to respond in the event of incidents or accidents. One staff member said, "I would contact the ambulance if it was a serious incident and if not the family. We are not able to move people in an event of a fall."
- Information leaflets were made available to staff when people had specific risks associated with their health. For example, people with living with diabetes, epilepsy or people prescribed warfarin.

Staffing and recruitment

- People told us they received visits from staff and received rota's to inform them when staff were due to attend. However, a small number of people said staff did not always arrive on time and they were not always informed when their visit times had been changed. Comments included, "There's no regular time sheets", "Sometimes they might be late but it's unavoidable." And "Sometimes they're a bit late."
- The provider told us they monitored visits and any concerns about late visits were investigated.
- Staff told us there was enough staff to meet people's needs. Comments included, "We have enough staff at the moment, we cover each other." And "We have got enough staff, we are very busy on a weekend, not all staff work on a weekend." And "I see the same people every week."
- Recruitment checks were robust. This meant staff were suitable to work in care.

Preventing and controlling infection

- Staff were guided to wear protective equipment, this was recorded in care plans.
- People said staff used protective equipment when carrying out personal care or when handling food to prevent cross infection. One person said, "The carers wear gloves."
- One care plan guided staff to use different coloured flannels to wash someone to prevent possible cross contamination.

Learning lessons when things go wrong

- Accidents and incidents were managed effectively. The provider recently introduced a new recording system which ensured all investigation notes from any incident could be reviewed and analysed.
- The provider carried out monthly key performance indicators to identify trends and themes within the service. The regional manager said they used this information as a learning opportunity and to prevent future incidents.

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 now 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

- Most initial assessments had been carried out by the local authority to inform the provider of people's needs before they used the service.
- The provider used this information to create care plans and risk assessments and reviewed these to ensure people received support that met their changing needs.
- People told us they were offered choices. Comments included, "She always asks what I need." And "I get to choose." In a survey carried out by the provider most people said they were offered choice by staff.

Staff support: induction, training, skills and experience

- Staff training was provided which ensured they had enough knowledge to support people and fulfil their role successfully.
- People said staff received appropriate training to meet their needs. However, one person mentioned not all staff had been trained in first aid. We discussed this with the provider who confirmed staff were trained in first aid and the training matrix confirmed this.
- Staff files showed not all staff had received regular supervisions. The provider had not followed their policy, staff should receive four supervisions over a 12-month period. We have discussed this further in the well led domain.
- Staff told us they had received a form of supervision, but these were not regular. Comments included, "I had a supervision one month ago." And "I have had a medicine check and a field observation at the same time. I have had no formal supervisions apart from this."

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were supported with their meals. Some people had specific diet requirements which had been recorded in care plans. For example, one person needed their food to be soft and cut up very small to aid their swallowing.
- People were supported to remain healthy and staff sought medical input when required. One person told us, staff contacted outside agencies (ambulance) regularly when they had falls.
- The service worked with healthcare professionals and arranged support for people when it was needed.
- Care plans directed staff to promote people's health needs. For example, one care plan requested that staff soak a person's dentures during the night to ensure good oral hygiene.

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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People confirmed staff asked for their views and sought their consent before assisting with care and support. One person said, "(Staff) always asks what I need."
- Staff were knowledgeable about the MCA and knew the people that lacked capacity or had restrictions in place for their own safety. For example, those people with bed rails in place.
- Capacity assessments and best interest decisions were carried out. People had been asked for their consent and signed their care plans. However, some people who lacked capacity had signed their care plans. The regional manager said this was an oversight and would ensure this was written on the care plan.

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 now 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 and their relatives gave positive feedback about the staff. Comments included, "They are very good" and "Staff are very kind."
- People and their relatives felt listened to. One person said, "We had a problem with one staff member years ago, asked for them not to be sent and they didn't come back."
- One staff member said, "I think we have a really good team. We get good feedback from clients. It's a rewarding job, especially when you are the only person a client sees."
- Staff told us they always explained to people what they were doing when carrying out care. One staff member said, "We tell people what we are going to do."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected by staff. One relative said, "They treat grandma with dignity."
- Staff told us they always knocked on their doors before entering properties. Staff told us they closed peoples curtains to protect their privacy and dignity when carrying out personal care.
- Staff were proactive and encouraged people to remain independent. One staff member said, "We let clients do as much for themselves as possible. We encourage self-help."
- Another staff member told us, they encouraged people to do as much for themselves as possible. For example, "We have one lady who was used to us doing everything and now we encourage her to do tasks such as washing up."

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

- People had been involved in discussions about their care. Telephone quality reviews were carried out with people to ask for their views. Questions included, if they were satisfied with the care, if carers attended their calls, if staff spend the full amount of time at visits and if office staff kept people informed of any changes.
- One relative commented at a review, 'The carers are all outstanding. They treat [Name] with dignity, respect and meet all [Name's] needs.'
- Some people expressed that at times there was a lack of communication and said they had contacted the provider to raise their concerns. People told us they were satisfied with the outcomes.
- The regional manager said should anyone wish to have an advocate they would support people to find a local service. An advocate is a person who can support people to raise their views, if required.

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 now remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Care plans were created to inform staff of how to support people with their care needs.
- Peoples likes, dislikes and preferences had been reflected in care plans. For example, 'I like a cup of water next to the bed and a biscuit.' And 'I like the hall light left on at night.'
- People were encouraged to have full control of their lives. Staff observed people's abilities and proactively supported them to enhance their independence.
- One staff member said, "We look after one person who requires hoisting most of the time, but we also support him to try and stand, to improve mobility."
- Historical information about people had been gathered so staff could get to know people. Care plans recorded what hobbies, past times, friends and family were involved in people's lives.
- Relatives were encouraged to attend review meetings with people to express their views and be involved in care planning.

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.

- Most people's communication needs were assessed and recorded in care plans. Care plans provided staff with guidance on the most effective ways to support the person to communicate. For example, one person who was living with dementia struggled to understand at times and their care plan guided staff to speak slowly and in short sentences.
- The regional manager told us information could be provided in different formats, if required.

Improving care quality in response to complaints or concerns

- People said they knew how to raise concerns or give feedback about their experiences of the care they received. They felt confident any feedback would be managed effectively.
- One person said, "I'd get in touch with Mears if there was anything."
- Policies and procedures were in place to direct staff in how to manage complaints. The management team investigated and responded to complaints appropriately.

End of life care and support

- At the time of our inspection no person was receiving end of life care.

- People had been asked about their preferences for end of life care and if people wished to discuss this the information was recorded.

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.

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

- At the last inspection we found the provider had not always kept accurate and contemporaneous records related to care plans, risk assessments and supervision records. At this inspection we found these issues had not been addressed.
- Care plans were not always accurate. For example, one care plan recorded a person required 'level 2' support with their medicines. In another part of their care plan it stated the person did not require assistance with their medicines. This meant the records were not clear.
- Medicine audits did not always identify the issues we found on inspection. For example, we saw three MAR charts which had not recorded all of the medicines prescribed other than to state 'blister pack'. The audit asked if all medicines are clearly written including the dose and frequency, this had not been completed.
- One person had been prescribed paracetamol. However, the MAR had not stated the dose and route for how this should be administered. This did not follow the providers medicine policy.
- Medication audits had highlighted some issues, but actions taken were not always recorded. For example, one MAR audit found 'several discrepancies.' The audit had not recorded what discrepancies these were and actions taken to prevent reoccurrences.
- Staff told us they received supervisions, but these were not regular. Supervisions were not always recorded. For example, one person had two supervisions recorded in a 12 month period and another person had no supervisions recorded for 2019.

Failure to maintain appropriate and contemporaneous records was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People told us any concerns raised were managed effectively. The provider understood and acted on their duty of candour responsibilities.
- There was mixed feedback from staff about communication with office staff and responses to issues raised. Comments included, "I have brought concerns up, but never get any feedback. I put it down to them being busy", "Yes they would (manage a complaint)" and "Communication is lacking, especially in the office."
- Throughout the inspection, the management team were open and clear towards the evidence we presented and were proactive in their response to our findings.
- The registered manager was clear about their responsibilities for reporting certain events and incidents to

CQC and they understood the regulatory requirements.

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

- People were asked for their views during telephone interviews.
- Surveys were also carried out with people to gather their views. The last survey was carried out in October 2019. We saw 22% of people felt the quality of care and support was outstanding. 67% said the care was either very good or good.
- The provider sent newsletters to people with information about new staff, the office team, carer of the month and any changes to the service.
- Staff meetings were also carried out to ensure staff were kept informed of changes and given the opportunity to feedback any issues.
- The regional manager said the registered manager held open surgeries for staff to attend the office and raise any issues with them.

Continuous learning and improving care; Working in partnership with others

- The provider worked in partnership with other services and had positive community links.
- The service worked in partnership with people, relatives and healthcare professionals to seek good outcomes for people.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance There was failure to maintain accurate and complete records. Also medication audits were not robust as they did not always identify shortfalls.